

ARIZONA SUPREME COURT ADMINISTRATIVE OFFICE OF THE COURTS



GRAHAM COUNTY ADULT PROBATION

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Operational
Review
Final Report
December
2019

**Graham County Adult Probation Department
Operational Review Final Report**

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EXECUTIVE SUMMARY

Overview

Arizona's adult probation system is decentralized, with each of the 15 local probation departments reporting directly to the presiding judge of the superior court or court administrator in their respective county. In accordance with the administrative and supervisory authority established under Article VI, Section 3 of the Arizona Constitution and in cooperation with the local probation departments, the AOC has developed and implemented a comprehensive operational review process.

Objective

The APSD's operational review team conducts reviews in accordance with the Arizona Judicial Department's *Justice for the Future: Planning for Excellence* strategic agenda. Operational reviews assess and document adult probation departments' operational and program performance to assist in building effective community supervision practices. The objective of the review team is to ensure accountability and compliance with Arizona Revised Statutes (A.R.S.), the Arizona Code of Judicial Administration (ACJA), Administrative Orders (AO), Administrative Directives (AD), Arizona Rules of Court, approved program plans, funding agreements, and local policies and procedures. The review is designed to identify areas of non-compliance and make recommendations for corrective action, while promoting an atmosphere of collaboration and facilitation of technical assistance. To this end, the review team inspects the department's policy manual and response to the SAQ, reviews case files, program files, and all correspondence and reports submitted to the APSD. The review team also conducts Minimum Accounting Standards (MAS) and Firearms verifications with appropriate staff working with MAS and Firearms/Ammunition and Defensive Tactics.

The on-site portion of the Graham County Adult Probation Department operational review was conducted May 14 - 15, 2019. Pre-review work began in May 2018. The review team consisted of Carol Banegas-Stankus, Ivan Ramirez, Jane Price, and Dori Littler.

Recommendations are provided in areas where less than 100 percent compliance is achieved. A department response is not required in areas with 90 percent or above compliance; however, feedback is always welcomed and very much appreciated. After the final report is published, the review team and AOC staff will work collaboratively with the department to develop a corrective action plan to assist the department in resolving all issues identified in this report.

Reponses received from the Department are incorporated into the report verbatim. When a typographical error is contained in the department's response *[sic]* is used to indicate that something incorrectly written is intentionally being left as it was in the original verbatim statement.

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Overall Conclusion

Number of Standards Exceeded:	0
Number of Standards Met:	74
Number of Standards Not Met:	72
Number of Standards Not Applicable:	29

ADMINISTRATION AND MANAGEMENT

Each probation department fulfills a variety of general administrative and management functions which directly effects the department’s performance and effectiveness in its supervision of probationers. Many of these functions are accomplished in accordance with Statutes, the ACJA, AOs, ADs, funding agreements, and local policies and procedures. The review team assessed the department’s compliance with administrative and management functions in the following areas: departmental policies and procedures, officer certification, education and training requirements for department staff, general reporting obligations, MAS, supervisory case file review, and pre-sentence investigation (PSI) reporting.

The following Findings Key is used throughout the report to reflect the department’s compliance with each of the review areas:

Findings Key:
<u>Exceeds Standard:</u> Substantially exceeds requirement of standard based on a higher standard required by the department’s policy
<u>Meets Standard:</u> Substantial compliance with the standard for the relevant review period. Must meet a compliance of 100%-90%
<u>Does Not Meet Standard:</u> Requires corrective action when compliance is 89%-0%
<u>Compliance Rating Not Applicable:</u> A compliance percent is not given to a specific area of review

Policies and Procedures

Pursuant to [ACJA § 6-105\(D\)\(2\)\(b\)](#)

The AOC, APSD Subject Matter Experts reviewed policies from the department’s policy and procedure manual. Results of the review are as follow:

POLICY AND TITLE	RECOMMENDED REVISIONS
Chapter 3. Case Plans	III. Procedure. A. 1. States, “...within 30 days...”, recommend specifying 30-day requirement is SPS and including IPS requirement of 10 days.

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POLICY AND TITLE	RECOMMENDED REVISIONS
	<p>III. A. 5. Recommend modifying 60% language to new code language, “Development of case plans that target risk and needs areas evidenced to be significant predictors of risk to re-offend.”</p> <p>III. B. 1. ACJA 6-201.01 requires subsequent case plans and FROST to be completed at least every 12 months.</p>
Chapter 4 Case Management	<p>I. Probationer Contacts, A. Initial Contact, 1. States, “...within 7 days...” is a higher standard than code as code does not require an initial contact within a specific timeframe.</p> <p>C. Initial Home Contact, 1. States, “...within 30 days...” recommend adding the 60-day requirement for minimum supervision and 10-day requirement for IPS.</p> <p>III. Warrants, B. Absconders for Less than 90 Days, 1. a. Please delete certified letter language as this is no longer a code requirement.</p> <p>IV. Probationer Employment. A. 1. States, “...within 60 days...”, is a higher standard for SPS as code states as necessary. Recommend adding the IPS requirement of 10 days.</p> <p>V. Treatment Referrals and Monitoring. A. 1. Recommend adding the IPS code requirement of 30 days.</p>
Chapter 5 ICE – Deported Probationers	<p>Recommend updating policy authority to reflect the most updated Administrative Orders (AO) and Directives (AD): AO 2007-86, AO 2007-85, Current AD 2009-13 and Modified Foreign Born Protocols (effective 5/1/2009)</p>
Chapter 21 Use of Force	<p>V. Use of Force Options Please delete the words “and necessary”. Subject Matter Experts explanation, “An officer’s reasonable use of force that seems necessary at the time may turn out to be ruled as unnecessary in a post use of force review. For instance, an officer is confronted in a low light area by a subject holding a replica handgun. The officer believes his life is threatened and he shoots and stops the threat. Then we find out it was not a real gun, which means the use of deadly force was not necessary. It was however, reasonable. Since the department states in policy that the use of force must be necessary, the officer (and department) could be held liable.”</p>
Chapter 22 Firearms	<p>I. Definitions M. Please revise definition to read, “the officer’s perception of the subject’s intent. When the officer is within range of the subject, and the officer reasonably believes that the subject intends to use his ability, the officer is in jeopardy.” The</p>

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POLICY AND TITLE	RECOMMENDED REVISIONS
	<p>Subject Matter Expert’s explanation; “Jeopardy is the officer’s reasonable belief (NOT a prudent person) about the subject’s intent. For the officer to be in jeopardy the subject must first have ability and opportunity.”</p> <p>X. Required Reporting of Unholstering, Drawing, or Displaying of Firearm in the Course of Duty</p> <p>Please delete B. “Officers who witness...”</p> <p>The Subject Matter Experts explanation; “This is old code language and COP/SSAC decided the witness report was unnecessary.”</p>
<p>Chapter 26 Vehicle Fleet Management</p>	<p>Purpose: please delete “Fleet Management Division and Risk Management Division” and replace with “General Services Division and ADOT Fleet Management”.</p> <p>I. Fleet Administration A.</p> <p>Please replace ADOA with ADOT throughout the policy</p> <p>Please delete #4 as this is no longer a requirement for state vehicles</p> <p>C. Please delete “biennial” and replace with “annual”</p> <p>II. Vehicle Liaison B.</p> <p>2. Please delete “ADOA fleet management”</p> <p>Please delete #4 as this is no longer a requirement for state vehicles</p> <p>III. Operation of a State or County Vehicle</p> <p>Please delete #8 as this is no longer a requirement for state vehicles</p> <p>IV. State Credit Case Usage and Fueling</p> <p>H. A loss report is not required for a stolen or lost voyager card assigned to state vehicles</p> <p>VII. Loaner and Rental Vehicles</p> <p>A. Please delete the words “ADOA fleet management or” and “dispatch.”</p>
<p>Chapter 27 DCAC Offender Electronic Monitoring</p>	<p>Please add an Authority section and include AD 2011-41 and ARS 13-3725 to assist with charging class 4 felony if interfering with device.</p>
<p>Chapter 30 Drug Testing and Medication Monitoring</p>	<p>Please change “Norchem” to “Cordant” throughout the policy.</p> <p>Procedure section, Goal 1, Juvenile Objectives, last sentence, “Juveniles that refuse...”, recommend revising as needed to foster an EBP approach to substance use/treatment needs. Maybe incorporate other interventions or sanctions, or use “may” violate probation. Same for Adult Objectives.</p>

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POLICY AND TITLE	RECOMMENDED REVISIONS
	<p>Procedure section, paragraph eight, “Each positive test shall...”, recommend revising as needed to foster an EBP approach to substance use/treatment needs. Maybe incorporate other interventions or sanctions, or use “may” violate probation.</p> <p>Offender Selection. 1. states, “...juveniles within two weeks.” is not consistent with Goal 1, Juvenile Objectives, which states, “...one time within 30 days...”. Recommendation for both sections to mirror each other.</p>
Chapter 43: Sex Offender Supervision	<p>VII. Field Officer Protocol. E.</p> <p>States, “...receive an annual polygraph...”. Annual polygraph is no longer deemed best practice by CSOM, there is no policy or current best practice determining frequency.</p> <p>Recommendation to remove the “annual” requirement.</p>

Noteworthy: Twenty-nine of the 38 policies submitted by the department for review met standard.

Department Response: “The Department shall schedule an annual review of ACJA revisions to update policy and procedure, and will then hold a training to correspond with the revisions. The review will occur each January and the training will be held the following February. For 2020, the revisions will be completed and sent to the AOC by January 15, 2020, and the training will be held Wednesday, February 5, 2020.”

Required Corrective Action: Please submit revised policies and procedures by January 15, 2020 for review and approval. Also, provide verification of the February 5, 2020 training once completed (e.g., agenda, sign-in sheet, and handouts).

Recommendation: The quality assurance process can include the Department conducting an annual review of ACJA revisions and ensuring that policies are revised accordingly. Also, a training component for officers and staff can be included in the quality assurance process.

Employment

Pursuant to [ACJA § 6-106\(H\)\(3\)\(b-c\)](#), [\(F\)\(3\)\(a\)](#), and [\(H\)\(1 through 8\)](#)

Personnel files for 14 probation officers were selected for review. The results are as follows:

Employment Qualification Review						
Requirements	Yes	No	N/A	% Compliance	Meets Standard	
Verification of bachelor’s degree-for PO	2	0	12 ¹	100%	<input checked="" type="checkbox"/>	
Verification of high school diploma/GED for SO	1	0	13 ¹	100%	<input checked="" type="checkbox"/>	

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Employment Qualification Review					
Requirements	Yes	No	N/A	% Compliance	Meets Standard
National and State Criminal History check before hire	3	0	11 ¹	100%	<input type="checkbox"/> Y
Before hire, was a driving records check through AZ MVD and any other previous state of residence conducted	3	0	11 ¹	100%	<input type="checkbox"/> Y

¹NA includes officers who were hired prior to June 15, 2015.

Noteworthy: The Department did an excellent job in meeting minimum code compliance in all four review areas.

Department Response: None required

Required Corrective Action: None required

Recommendation: The quality assurance procedure may include the development and utilization of a post hire checklist, new hire checklist, personnel checklist, or an annual personnel review checklist.

Officer Certification/COJET/Training

Pursuant to [ACJA §§ 6-104 \(F\)\(1\)](#) and [6-106 \(J\)\(1\)\(b\)](#) adopted via [AO 2006-99](#), [ACJA §§ 1-302\(K\)\(4\)](#), [6-104 \(G\)\(1\)\(a\)](#), and [6-107 \(E\)](#)

Personnel files for 14 probation officers were selected for review. The results are as follows:

Officer Certification Training					
Requirements	Yes	No	N/A	% Compliance	Meets Standard
Eight (8) hours of officer safety training within 30 days of appointment	3	0	11 ¹	100%	<input type="checkbox"/> Y
Completion of PO Certification Academy within one (1) year of the date of hire/date in position	3	0	11 ¹	100%	<input type="checkbox"/> Y
Certification requested by CPO after one (1) year of service has been completed from hire date/date in position	3	0	11 ¹	91%	<input type="checkbox"/> Y
Completion of IPS Academy within one (1) year of assignment	1	0	13 ¹	100%	<input type="checkbox"/> Y

¹Includes new hires with less than 1 year of service at time of operational review, terminations prior to one year of service, hire date of more than 1 year prior to last op review, and/or CPO.

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Noteworthy: The Department did an excellent job in meeting minimum code compliance in all review areas, with 100 percent compliance in three of the four areas.

Department response: None required

Required Corrective Action: None required

Recommendation: The quality assurance procedure may include the development and utilization of a training records checklist, personnel checklist, or an annual personnel review checklist.

Continuing Employment

Pursuant to [ACJA § 6-106 \(J\)\(1\)\(f\)](#), [ACJA §1-302](#), and [ACJA § 6-107\(h\)\(7\)\(a\) & \(b\)](#)

Personnel files for 14 probation officers were selected for review. The results are as follows:

Biannual Criminal History & Annual MVD Check					
Requirements	Yes	No	N/A¹	% Compliance	Meets Standard
Criminal History Check Every 2 Years	13	0	1	100%	<input type="checkbox"/> Y
If the employee operates a state/county/personal vehicle, were annual MVD reviews conducted	14	0	0	100%	<input type="checkbox"/> Y

¹Includes officers with less than one year of services or terminated prior to one year of service.

Continuing Education					
Requirement	Yes	No	N/A¹	% Compliance	Meets Standard
2018 Annual Continuing Education Requirement	15 ²	0	0	100%	<input type="checkbox"/> Y

¹N/A includes exempt officers.

²Includes all probation and surveillance officers.

Noteworthy: The AOC, APSD congratulates the Department in achieving 100 percent compliance in all three review areas.

Department response: None required

Required Corrective Action: None required

Recommendation: Continue the great work in this review area.

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Firearms

Pursuant to [ACJA § 6-113](#)

Of the 14 probation officer personnel files selected for review, 11 are armed officers. The results are as follows:

Firearms						
Requirements	Yes	No	Total	N/A¹	% Compliance	Meets Standard
ACJA § 6-113(E)(1) ; Officer submitted written request to carry to CPO	1	0	1	13	100%	<input checked="" type="checkbox"/>
ACJA § 6-113(E)(4) ; CPO acts on officer initial request to carry within 30 days	1	0	1	13	100%	<input checked="" type="checkbox"/>
ACJA § 6-113(E)(g)(1-7) ; Officer signs form attesting to 7 Items	1	0	1	13	100%	<input checked="" type="checkbox"/>
ACJA § 6-113(E)(2)(a) ; Officer completed psychological testing	1	0	1	13	100%	<input checked="" type="checkbox"/>
ACJA § 6-113(E)(2)(b) ; Criminal history records check completed	1	0	1	13	100%	<input checked="" type="checkbox"/>
ACJA § 6-113(E)(2)(c) ; Officer completed and demonstrated proficiency in all defensive tactics training	1	0	1	13	100%	<input checked="" type="checkbox"/>
ACJA § 6-113(E)(2)(d) ; Officer signed form indicating medically/physically able to perform armed officer duties	1	0	1	13	100%	<input checked="" type="checkbox"/>
ACJA § 6-113(E)(2)(e) ; Officer completed Firearms Training Academy	1	0	1	13	100%	<input checked="" type="checkbox"/>
ACJA § 6-113(E)(2)(f) ; Officer completed competency test & training course on ACJA 6-112 & 113	1	0	1	13	100%	<input checked="" type="checkbox"/>
ACJA § 6-113(G)(3) ; CPO approves/disapproves request to carry within 30 days after officer completes all requirements	1	0	1	13	100%	<input checked="" type="checkbox"/>
ACJA § 6-113(H)(1) ; Officer signed form indicating an understanding of the terms & conditions in code and any department policy regarding use of firearms	1	0	1	13	100%	<input checked="" type="checkbox"/>

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Firearms						
Requirements	Yes	No	Total	N/A¹	% Compliance	Meets Standard
ACJA § 6-113(G)(4)(5); For denial, temporary suspension or revocation to carry, CPO must provide written reasons, place in personnel file, & copy officer & officer's supervisor	0	0	0	14	N/A	<input type="checkbox"/> NA
ACJA § 6-113(H)(3); Completed annual re-qualification & participated in all required practice sessions	11	0	11	3	100%	<input checked="" type="checkbox"/> Y

¹N/A includes not armed, carry for less than a year, hired 1 year prior to last op review, or is the CPO.

Noteworthy: The AOC, APSD commends the Department for achieving 100 percent compliance in all review areas above.

Department response: None required

Required Corrective Action: None required

Recommendation: Continue the excellent work in these review areas.

Pursuant to [ACJA § 1-302\(K\)\(6\)](#)

Code Standard for CPO Training	Meets Standard
Every chief probation officer shall attend at least one program conducted out-of-state or in-state by an established, nationally recognized training organization every three years.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

Noteworthy: The AOC, APSD commends the Department for meeting standard in the CPO Training review area.

Department response: None required

Required Corrective Action: None required

Recommendation: Continue the good efforts in this review area.

Minimum Accounting Standards (MAS)

Pursuant to [ACJA § 1-401\(E\)\(1\)](#), [ACJA § 1-401\(E\)\(4\)](#), [ACJA § 1-401\(F\)\(2\)](#), [ACJA § 1-401\(F\)\(10\)](#), and [ACJA § 1-401\(F\)\(12\)](#)

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Meets Standard: <input type="checkbox"/> N
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The AOC, Court Services Division (CSD) provided the operational review team with a copy of the Department's most recent MAS Compliance Checklist form (Reporting Year 2018). The MAS Compliance Checklist was submitted by the Department and received by AOC, CSD on time (January 25, 2019). According to the MAS Compliance Checklist and the 2019 operational review, the Department does not have a fully automated financial system and does not currently have a MAS waiver approved by AOC.

According to AOC, CSD the last triennial audit submitted by the Department was for reporting year 2008.

The Department currently accepts cash and money orders. The same receipt book is shared between three staff members and is not kept in a secure location in-between uses. Each staff member keeps payments received throughout the day in a lock drawer and is responsible for preparing their own reconciliation at the end of the day which is then used to create the daily reconciliation. The daily reconciliation is prepared and verified by two different staff members. Deposits are not made daily, but monies kept overnight are kept in a secure, immovable safe. Deposit slips are prepared and verified by two different staff members. Daily deposits are not made if the total amount is less than \$300.00.

Noteworthy: The department does a good job in safeguarding all financial records and payments as required by Administrative Order No. 97-62 and ACJA 1-401.

Department Response: "The Department had been participating in the county's annual financial audit and although the Department did not submit to an individual triennial audit, the Clerk of the Court has. Please see attached the most recent 2016 triennial audit for the Graham County Clerk of Court.

Also, the Department has scheduled to participate in its own triennial financial audit for 2019, to be performed on site on Friday, January 24, 2020, from 8:00 a.m. to 5:00 p.m."

Required Corrective Action: Pursuant to ACJA 1-401, please forward to AOC, CSD a copy of the triennial audit report no later than 90 calendar days after the auditor completes the fieldwork phase.

The Department shall apply for a MAS waiver within 30 days from receipt of the draft report. Upon receipt, please provide verification of waiver approval.

When not in use, the receipt book shall be maintained in a secure location. Please provide the quality assurance procedure for use and safekeeping of the receipt book.

Recommendation: A checklist for periodic financial reviews would ensure that authorized personnel is following required MAS procedures to safeguard all monies and financial records.

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The quality assurance process may also include a staff training component on ACJA § 1-401 and AO 97-62.

Financial and Statistical Reports

Pursuant to [ACJA § 6-201.01 \(F\)\(12-13\)](#), [ACJA § 6-201.01 \(F\)\(16-17\)](#), [ACJA § 6-202.01 \(F\)\(10-11\)](#), and [ACJA § 6-202.01 \(F\)\(14-15\)](#)

According to the AOC, APSD Budget Analyst, mid-year and closing reports were received from the department on time and are accurate. Monthly budget reports were also received in proper format within specified time frames.

Code Standard for Financial	Meets Standard
Closing financial and program activity reports through December 31, 2017 submitted to the AOC by January 31, 2018.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Closing financial and program activity reports through June 30, 2018 submitted to the AOC by August 31, 2018.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

According to the AOC, APSD Data Statistical Specialist, annual hand count reports and performance measures were submitted on time during FY 2018.

Code Standard for Statistical Reports	Meets Standard
Probation Departments operating an IPS program shall maintain and provide to the AOC data and statistics as may be required.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Probation Departments providing standard probation services shall maintain and provide to the AOC data and statistics as may be required.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
On request, Chief Probation Officer shall conduct hand counts of the department's IPS population and shall submit results of the hand counts.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
On request, Chief Probation Officer shall conduct hand counts of the department's standard probation population and shall submit results of the hand counts.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Noteworthy: The Department is commended for meeting standard compliance in all review areas.

Department response: None required

Required Corrective Action: None required

Recommendation: Keep up the good work in these review areas.

Pre-sentence Report (PSR)

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Pursuant to [Arizona Rules of Court 26.4\(B\)](#)

For fiscal year 2018 (July 1, 2017 to June 30, 2018), the Department reported that 56 PSR's were completed with 56 (**100 percent**) submitted to the Judge within two business days of sentencing. According to performance measures reported by the Department during this time frame, operational review lead was able to verify that 56 PSR's were completed.

Meets Standard: <input checked="" type="checkbox"/>

Noteworthy: The Department did a good job meeting standard compliance in this review area.

Department response: None required

Required Corrective Action: None required

Recommendation: The Department can utilize APETS reports designed to pull PSR data which can be compared with monthly performance measures submitted to APSD. The reports will assist in ensuring the accuracy of reporting PSRs completed and submitted.

Fleet Management

Pursuant to [ACJA § 6-111](#), [A.R.S. § 38-538.02](#), and the Arizona Department of Administration Fleet Management Rule R2-15-202.

According to the AOC, APSD Fleet Specialist, the Department's compliance with fleet management requirements are as follows:

Code Standard for State Fleet	Meets Standard	
Department maintains a vehicle database or log that shall include, but not limited to; name of operators and location of vehicle.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Department conducts annual Motor Vehicle Department (MVD) reviews of all department employees operating a state vehicle.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
The Chief Probation Officer shall delegate management of the department's state vehicles to an employee of the Department.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
State vehicle damage or loss is reported to the AOC and ADOA Fleet Management within the next business day.	N/A <input checked="" type="checkbox"/>	

Noteworthy: The Department did a good job meeting standard compliance in all four review areas.

Department Response: None required

Required Corrective Action: None required

Recommendation: The quality assurance procedure may include periodic fleet requirement reminders during staff meetings and refresher code training conducted by the Fleet Liaison.

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COMMUNITY PROTECTION

The probation department has a responsibility to enhance public safety through careful supervision and monitoring of individuals receiving a suspended sentence. The review team assessed the Department's compliance with these criteria in the following areas:

- Minimum contact standards for standard supervision cases
- Minimum contact standards for intensive supervision cases
- Minimum contact standards for sex offender cases
- Management of absconder cases
- Victim notification requirements

Tracking System

Pursuant to [ACJA § 6-201.01\(J\)\(4\)](#), [ACJA § 6-202.01\(L\)\(1\)\(e\)](#), and [Statewide APETS Policy - Minimum Use Mandates \(B\)\(1\)](#)

Contacts/case notes must be entered in APETS within 72 hours. During December 1, 2018 through February 28, 2019 there were 4,996 contacts (**79 percent**), 3,926 contacts were entered on time.

Meets Standard: <input type="checkbox"/>
--

Standard Probation Supervision (SPS) Contacts

Pursuant to [ACJA §§ 6-201.01\(K\)\(8\)\(a\)](#), [6-201.01\(K\)\(6\)](#), and [6-201.01\(K\)\(4\)\(a, b\)](#)

A review of 77 SPS case records was conducted. The period reviewed for contacts was December 2018, January 2019, and February 2019. Of the 77 case records reviewed, 2 were on maximum supervision, 66 were on medium supervision, and 9 were on minimum supervision. Information in APETS revealed the following:

Supervision Level	December 2018	January 2019	February 2019
Minimum	9	9	9
Medium	66	66	66
Maximum	9	9	9
Total	77	77	77

To determine if supervision requirements were met for a given case, specific types of contacts were taken into consideration as compared to code mandated minimum supervision contact guidelines. Credit was not given for a collateral contact if the contacts/case notes screen in APETS did not contain meaningful dialogue with the person. Based on review of contacts, determinations were made if a case either met required contacts based on level of supervision (yes), did not meet required contacts based on level of supervision (no), or that number and type of contacts were not

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applicable (na). The following determinations were made for 1) each level of SPS supervision and 2) overall location of contacts made across all cases:

Required SPS Minimum Level Supervision			
Requirements Met	December 2018	January 2019	February 2019
Yes	9	9	9
No	0	0	0
N/A ¹	0	0	0
Total	9	9	9
% Compliance	100%	100%	100%
Meets Standard	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

¹NA includes probationers whose SPS start date was the following month and/or was in jail during the review period.

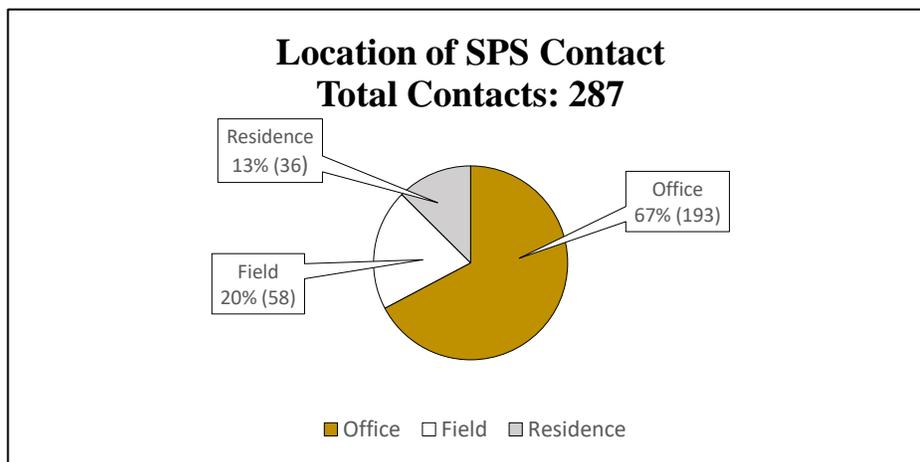
Required SPS Medium Level Supervision			
Requirements Met	December 2018	January 2019	February 2019
Yes	45	47	22
No	12	14	38
N/A ¹	9	5	6
Total	66	66	66
% Compliance	68%	71%	33%
Meets Standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹NA includes probationers whose SPS start date was the following month and/or was in jail during the review period.

Required SPS Maximum Level Supervision			
Requirements Met	December 2018	January 2019	February 2019
Yes	0	0	0
No	2	2	2
N/A ¹	0	0	0
Total	2	2	2
% Compliance	0%	0%	0%
Meets Standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹NA includes probationers whose SPS start date was the following month and/or was in jail during the review period.

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Noteworthy: The Department did an excellent job attaining 100 percent compliance in minimum supervision level contact requirements.

Department Response: “The Department revitalized the monthly use of the Client Contact Compliance/What’s Due Reports on Oct. 31, 2019. Monthly, these reports for the direct caseloads are handed out, reviewed, completed, and turned in by the end of the month to catch up required contacts, assessments, case plans, home visits, etc. Every other month the same reports are also run, reviewed, completed and turned in for the out of county (OOC) caseloads.

The Department leadership will use the attached SPS Case File Review QA form to assess compliance on this and other requirements according to the revised Quality Assurance Policy and Procedure. Per this revised policy, a staff meeting will be held monthly to review the overall findings in the case file reviews. Individual officers will also attend staffings with supervisors as needed to discuss improvement in this and other areas found in the review. The revised case file review process will begin in December 2019, and the first follow up Staff Meeting will be held January 15, 2020.”

Required Corrective Action: File Contents/Documentation section, recommend adding AHCCCS Referral. OST/FROST/Case Plan section, recommend changing FROST and Case Plan from every 180 days to 12 months pursuant to ACJA 6-105.01 (E)(2)(b)(1)(g) and ACJA 6-201.01 (J)(1)(l). Please provide a copy of the revised Quality Assurance Policy and Procedure as referenced above. Also, provide verification of the January 15, 2020 first follow-up Staff Meeting once completed (e.g., agenda, sign-in sheet, and handouts).

Note: Per ACJA 6.201.01 a visual contact at the residence shall occur every 3 months. Fifty percent of the medium and maximum supervision level cases (34) did not meet the residence contact requirement during the time-period reviewed.

Recommendation: The quality assurance procedure may include the utilization of Client Level Reports in APETS Application, i.e. Client Contact Compliance, utilization of Periodic Reports in APETS Reports Application, i.e. SPS Supervision Levels by Caseload for supervisory case file

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reviews, and code and statute training. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

Intensive Probation Supervision (IPS) Contacts

Pursuant to [ACJA § 6-202.01 \(N\) \(3\)\(a\)](#) and [\(4\)\(a\), \(5\)\(a\), \(6\)\(a\)](#)

The Department has two, two-person IPS teams. To determine if supervision requirements were met for a given case, specific types of contacts were taken into consideration as compared to code mandated minimum supervision contact guidelines. For offender and employer contact compliance review, 26 intensive probation cases were reviewed for contact compliance. Of the 26 cases reviewed, 17 probationers were employed during the review period. A review of the contacts/case notes screens in APETS during a 12-week period from December 2, 2018 to February 23, 2019 revealed the following.

IPS Case Summary

Requirement Met	Week											
	1	2	3	4	5	6	7	8	9	10	11	12
Yes	22	20	22	17	19	16	19	20	20	21	18	20
No	0	2	0	5	2	4	0	0	2	0	3	0
N/A¹	4	4	4	4	5	6	7	6	4	5	5	6
Total	26	26	26	26	26	26	26	26	26	26	26	26
% Compliance	100%	91%	100%	77%	90%	80%	100%	100%	91%	100%	86%	100%
Average % Compliance	93%											
Meets Standard	<input checked="" type="checkbox"/>											

¹NA refers to intensive probationers in jail during the review period or recently transitioned to standard supervision.

The following represents IPS probationer with employer contacts for the two-person IPS teams during the review period:

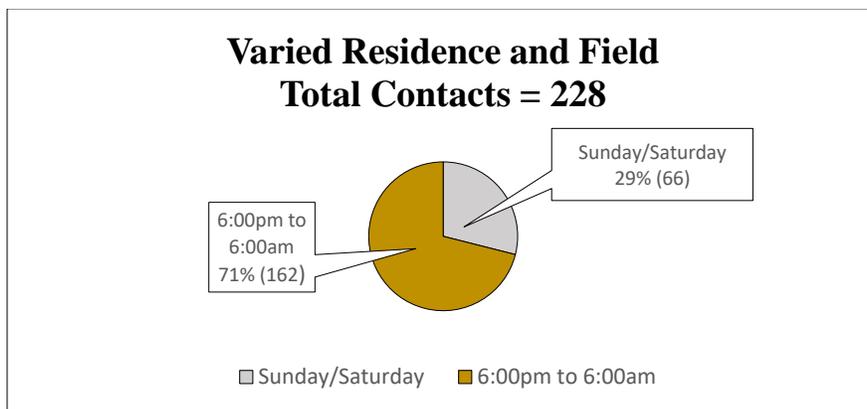
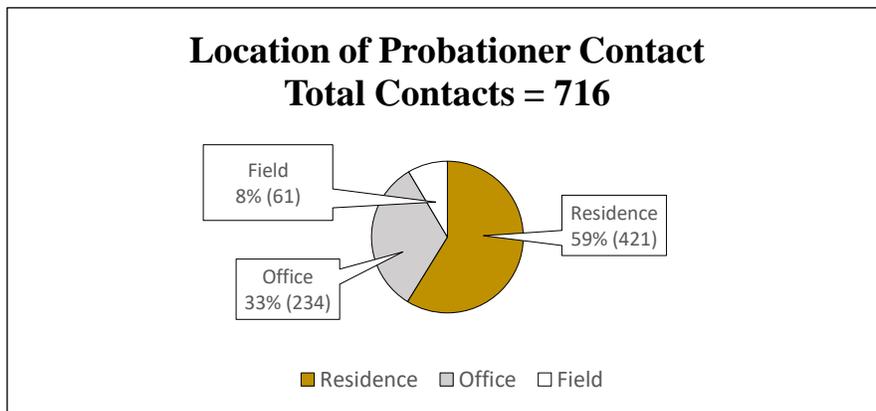
Contact with Employers

Requirement Met	Week											
	1	2	3	4	5	6	7	8	9	10	11	12
Yes	14	12	13	9	11	8	9	8	11	10	11	8
No	0	1	0	3	0	1	0	1	0	2	0	2
N/A¹	3	4	4	5	6	8	8	7	6	5	6	7
Total	17	17	17	17	17	17	17	17	17	17	17	17
% Compliance	100%	92%	100%	75%	100%	89%	100%	89%	100%	83%	75%	80%
Average % Compliance	92%											
Meets Standard	<input checked="" type="checkbox"/>											

¹NA refers to intensive probationers in jail, residential treatment, unemployed during the review period, or recently transitioned to standard supervision.

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A review of the contacts/case notes screen in APETS revealed that during the review period a total of 716 face to face contacts were made with 26 IPS probationers. The first chart below shows the total contacts made per location and the second chart shows the variation of field and residence contacts.



Noteworthy: The Department did an excellent job in meeting contact compliance in both probationer and employer contact standards.

Department Response: None required

Required Corrective Action: None required

Recommendation: The quality assurance procedure may include the utilization of Client Level Reports in APETS Application, i.e. Client Contact Compliance, utilization of Periodic Reports in APETS Reports Application, i.e. IPS Supervision Levels by Caseload for supervisory case file reviews, and code and statute training. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

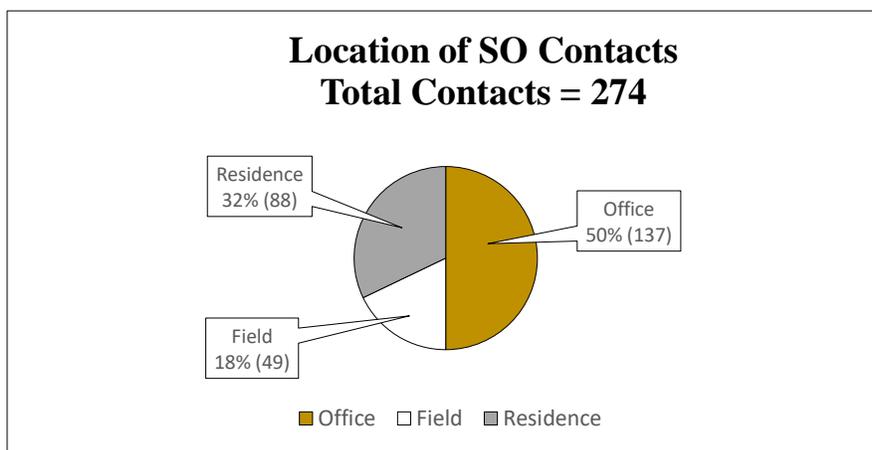
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Sex Offender Contacts

Pursuant to [ACJA §§ 6-201.01\(K\)\(8\)\(a\)](#), [6-201.01\(K\)\(6\)](#) and [6-201.01\(K\)\(4\)\(a, b\)](#)

A review of 25 SPS and 1 IPS sex offender case records was conducted. The period reviewed for contacts was December 2, 2018 through February 28, 2019. Of the 25 SPS case records reviewed, 7 were maximum supervision, 17 were medium supervision, 1 was minimum supervision, and 1 was IPS Level I. Information in the case file and APETS revealed the following:

Required Supervision Contacts for Sex Offender Cases			
Requirement Met	December 2018	January 2019	February 2019
Yes	21	24	24
No	2	0	1
NA	3	2	1
Total	26	26	26
% Compliance	91%	100%	96%
Meets Standard	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



Noteworthy: The Department did an excellent job achieving compliance in this review area.

Department response: None required

Required Corrective Action: None required

Recommendation: Please continue to ensure that contacts with probationers results in minimum code and statute requirement compliance. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

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Absconders/Warrants

Pursuant to [ACJA § 6-201.01\(J\)\(10\)\(a-g\)](#), [ACJA § 6-105.01\(E\)\(2\)\(g\)\(1\)\(3\)\(4\)\(5\)\(6\)](#), and [A.R.S. § 13-805\(C\)\(1\)\(2\)](#)

Documentation in APETS and case files was reviewed for 30 absconder cases (1 IPS and 29 SPS). At the time of the review the sample of cases to be reviewed was generated and identified as absconders/warrants. Subsequently, some of the probationers may have been apprehended. Nevertheless, these cases were reviewed as an absconder/warrant case. The review findings are listed in the tables below:

Activity to Locate Before Warrant Issued						
Requirements	Yes	No	N/A	Total Cases	% Compliance	Meets Standard
IPS Warrant Requested within 72 Hrs.	1	0	29	30	100%	Y
SPS Warrant Requested within 90 days	22	7	1	30	76%	N
Residence Checked	5	3	22 ¹	30	63%	N
Collaterals Checked	9	1	20	30	90%	Y
Employment Checked	0	3	27	30	0%	N
Activity to Locate After Warrant Issued						
Requirements	Yes	No	N/A	Total Cases	% Compliance	Meets Standard
After warrant issued, criminal history check done	12	15	3	30	44%	N
Residence Checked	0	8	22 ¹	30	0%	N
Employment Checked	0	3	27	30	0%	N
Opted-In Victim Notified	0	0	30	30	NA	NA

¹N/A includes probationers being courtesy supervised by another jurisdiction.

Requirement Met	CRO Filed on or Before the 91st Day
Yes	21
No	8
N/A	1
Total	30
% Compliance	72%
Meets Standard	<b style="text-align: center;">N

Noteworthy: The Department achieved compliance in two of the ten review areas.

Department Response: “The Department revitalized the monthly use of the Client Contact Compliance/What’s Due Reports on Oct. 31, 2019. Monthly, these reports for the direct caseloads are handed out, reviewed, completed, and turned in by the end of the month to catch up required

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contacts, assessments, case plans, home visits, etc. Every other month the same reports are also run, reviewed, completed and turned in for the out of county (OOC) caseloads.

The Department leadership will use the attached Absconder/Warrant Case File Review QA form to assess compliance on this and other requirements according to the revised Quality Assurance Policy and Procedure. Per this revised policy, a staff meeting will be held monthly to review the overall findings in the case file reviews. Individual officers will also attend staffings with supervisors as needed to discuss improvement in this and other areas found in the review. The revised case file review process will begin in December 2019, and the first follow up Staff Meeting will be held January 15, 2020.

The Over 90 Day Absconder Caseload was assigned to a new PO in October 2019. The PO’s use a checklist, which mirrors the Absconder/Warrant Case File Review form. When they hand off the case to the Over 90 Day PO, the checklist must be completed in full.”

Required Corrective Action: Please provide a copy of the revised Quality Assurance Policy and Procedure as referenced above. Also, provide verification of the January 15, 2020 first follow-up Staff Meeting once completed (e.g., agenda, sign-in sheet, and handouts).

Recommendation: The quality assurance procedure may include the development and utilization of an absconder/warrant case checklist, the use of the Client Tickler screen in APETS would assist in providing 90/60/30 days notification to run warrant checks and filing the CRO, plus supervisory case file reviews, and code and statute training.

Sex Offenders

Pursuant to [A.R.S. §§ 13-3821](#), [13-3822](#), [13-3825](#), and [13-610](#)

The relevant codes in effect during the review period, [ACJA § 6-201.01\(K\)](#) and [ACJA § 6-202.01\(N\)](#) and [\(O\)](#), which requires residence verification timeframes based on supervision level. At the time of the operational review, cases sentenced prior to January 11, 2017 were reviewed per Statute and Code in effect during that time, which did not require verification within a specific timeframe.

A review of 25 SPS and 1 IPS sex offender case records was conducted. Information in the case file and APETS revealed the following:

Sex Offenders						
Requirements	Yes	No	N/A	Total Cases	% Compliance	Meets Standard
Initial home visit must occur within 30 days (SPS) and 10 days (IPS)	22	4	0	26	85%	N
Proof of Registration within 10 days	9	10	7 ¹	26	47%	N

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Sex Offenders						
Requirements	Yes	No	N/A	Total Cases	% Compliance	Meets Standard
Address/name change notification within 72 hrs.	5	12	9	26	29%	N
Yearly identification	3	23	0	26	12%	N
Treatment Referral to a contracted provider	22	0	4	26	100%	Y
Was DNA sample secured from the probationer and transmitted to DPS within 30 days of being placed on probation or acceptance of incoming ISC	0	5	21 ²	26	0%	N
If it is not the probationer's 1st felony offense did the officer, confirm DNA was in the DPS databank within 30 days of being placed on probation or acceptance of incoming ISC	10	11	5 ²	26	48%	N

¹N/A includes initial registrations prior to previous operational review or not required to register.

²N/A includes offenders whose DNA was collected by DOC or another department.

Noteworthy: The Department achieved compliance in one of the seven review areas.

Department Response: “The Department leadership will use the attached Sex Offender Case File Review QA form to assess compliance on this and other requirements according to the revised Quality Assurance Policy and Procedure. Per this revised policy, a staff meeting will be held monthly to review the overall findings in the case file reviews. Individual officers will also attend staffings [*sic*] with supervisors as needed to discuss improvement in this and other areas found in the review. The revised case file review process will begin in December 2019, and the first follow up Staff Meeting will be held January 15, 2020.”

Required Corrective Action: File Contents/Documentation section, recommend adding AHCCCS Referral. OST/FROST/Case Plan section, recommend changing FROST and Case Plan from every 180 days to 12 months pursuant to ACJA 6-105.01 (E)(2)(b)(1)(g) and ACJA 6-201.01 (J)(1)(l). Please provide a copy of the revised Quality Assurance Policy and Procedure as referenced above. Also, provide verification of the January 15, 2020 first follow-up Staff Meeting once completed (e.g., agenda, sign-in sheet, and handouts).

Recommendation: The quality assurance procedure may include the utilization of a sex offender checklist, use of the Client Ticklers screen in APETS which would provide 90/60/30 days notification for SO ID renewal, supervisory case file reviews, and statute training to ensure mandatory registration requirements. APETS case notes and other appropriate screens, i.e. Sex

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Offender Tracking Screen and DNA Screen, should be utilized to document completion of all statute requirements.

Global Positioning System (GPS)

Pursuant to [A.R.S. § 13-902\(G\)](#) and [AD 2011-41](#)

At the time of the review, the sample of cases was generated and identified eight GPS cases. Information in the case file and APETS revealed the following:

GPS						
Requirements	Yes	No	N/A	Total Cases	% Compliance	Meets Standard
GPS attribute marked in APETS	8	0	0	8	100%	Y
Probationer activated w/in 72 hours of sentencing/release from custody	6	1	1 ¹	8	86%	N
Probationer activated upon first face to face with probation officer after Court Modification	1	0	7	8	100%	Y
GPS rules signed by probationer	7	1	0	8	88%	N
For documented violations, PO initiate immediate response	1	0	7	8	100%	Y
Responses entered in APETS within 72 hrs.	0	1	7	8	0%	N
If absconder, PTR with 72 hrs.	0	0	8	8	N/A%	NA

¹N/A includes probationers that are not designated as DCAC.

Noteworthy: The Department did an outstanding job in achieving 100 percent compliance in three of the seven review areas.

Department Response: “The Department leadership will use the attached Sex Offender Case File Review QA form, which includes GPS Requirements Checklist, to assess compliance on this and other requirements according to the revised Quality Assurance Policy and Procedure. Per this revised policy, a staff meeting will be held monthly to review the overall findings in the case file reviews. Individual officers will also attend staffings with supervisors as needed to discuss improvement in this and other areas found in the review. The revised case file review process will begin in December 2019, and the first follow up Staff Meeting will be held January 15, 2020.”

Required Corrective Action: Please provide a copy of the revised Quality Assurance Policy and Procedure as referenced above. Also, provide verification of the January 15, 2020 first follow-up Staff Meeting once completed (e.g., agenda, sign-in sheet, and handouts).

Recommendation: The quality assurance procedure may include the utilization of a GPS checklist, supervisory case file reviews, and statute training to ensure mandatory requirements are

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being met. APETS case notes should be utilized to document completion of all statute requirements.

Signed Review/Acknowledgement of Terms and Conditions

Pursuant to [Arizona Rules of Criminal Procedure 27.1](#)

A review of 77 SPS case records and 26 IPS case records was conducted. Information in the case files revealed the following:

Summary of Review and Acknowledgement Forms						
Type of Probation	Yes	No	Total	% Compliance	Meets Standard	
SPS	65	12	77	84%		N
IPS	25	1	26	96%		Y

Noteworthy: The Department achieved compliance in one of two review areas.

Department Response: “The Department leadership will use the attached SPS Case File Review QA form to assess compliance on this and other requirements according to the revised Quality Assurance Policy and Procedure. Per this revised policy, a staff meeting will be held monthly to review the overall findings in the case file reviews. Individual officers will also attend staffings with supervisors as needed to discuss improvement in this and other areas found in the review. The revised case file review process will begin in December 2019, and the first follow up Staff Meeting will be held January 15, 2020.

Also, a New Client Checklist will be implemented, used, and audited as part of the case file review process, beginning December 2019.”

Required Corrective Action: Please provide a copy of the New Client Checklist as referenced above. Also, provide verification of the January 15, 2020 first follow-up Staff Meeting once completed (e.g., agenda, sign-in sheet, and handouts).

Recommendation: The quality assurance procedure may include the utilization of a New Client checklist to ensure that initial contact with probationers results in minimum code, statute, and AZ Rules of Criminal Procedure requirement compliance.

DNA

Pursuant to [A.R.S. §13-610\(C\), \(D\), \(G through O\)](#)

A review of 77 SPS case records and 26 IPS case records was conducted. Information in the case files and APETS revealed the following:

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SPS DNA

SPS DNA Secured/Transmitted/Verified within 30 days	
Yes	0
No	8
N/A ¹	69
Total	77
% Compliance	0%
Meets Standard	<input type="checkbox"/>

¹N/A includes misdemeanor dispositions, another agency/county responsible for DNA being secured/transmitted/verified or DNA would have been confirmed in an earlier operational review

SPS DNA Confirmed	
If not probationer's 1st felony offense or DNA was previously secured/transmitted and verified by another agency did the officer, confirm DNA was in the DPS databank within 30 days of being placed on probation or acceptance of ISC	
Yes	25
No	43
N/A ¹	9
Total	77
% Compliance	37%
Meets Standard	<input type="checkbox"/>

¹N/A includes misdemeanor dispositions, or case was a 1st offense

IPS DNA

IPS DNA Secured/Transmitted/Verified within 60 days	
Yes	0
No	3
N/A ¹	23
Total	26
% Compliance	0%
Meets Standard	<input type="checkbox"/>

¹N/A includes misdemeanor dispositions, another agency/county responsible for DNA being secured/transmitted/verified or DNA would have been confirmed in an earlier operational review

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IPS DNA Confirmed	
If not the probationer's 1st felony offense or if DNA was previously secured/transmitted and verified by another agency did the officer, confirm DNA was in the DPS databank within 30 days of being placed on probation or acceptance of ISC	
Yes	11
No	12
N/A ¹	3
Total	26
% in Compliance	48%
Meets Standard	<input type="checkbox"/>

¹N/A includes misdemeanors, another agency/county responsible for DNA being secured/transmitted/verified or confirmed in an earlier operational review

Noteworthy: Not applicable

Department Response: “The Department leadership will use the attached SPS Case File Review QA form to assess compliance on this and other requirements according to the revised Quality Assurance Policy and Procedure. Per this revised policy, a staff meeting will be held monthly to review the overall findings in the case file reviews. Individual officers will also attend staffings with supervisors as needed to discuss improvement in this and other areas found in the review. The revised case file review process will begin in December 2019, and the first follow up Staff Meeting will be held January 15, 2020.

Also, a New Client Checklist will be implemented, used, and audited as part of the case file review process, beginning December 2019.

The Department began running the DNA reports in APETS in the Summer 2019 and continues to do so on a quarterly basis, finding and resolving discrepancies.”

Required Corrective Action: Please provide a copy of the revised Quality Assurance Policy and Procedure and a copy of the New Client Checklist as referenced above. Also, provide verification of the January 15, 2020 first follow-up Staff Meeting once completed (e.g., agenda, sign-in sheet, and handouts).

Recommendation: The quality assurance procedure may include the utilization of a New Client checklist, APETS Application External Reports QA DNA001-Client DNA Verification, supervisory case file reviews, and statute training. APETS case notes and other appropriate screens should be utilized to document completion of all statute requirements.

VICTIMS’ RIGHTS

Pursuant to [ACJA § 6-103\(E\)\(4\)](#), [A.R.S. §§ 13-4415 \(A\)\(1-3\)](#) and [13-4415 \(B\)\(1-5\)](#)

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A review of 77 SPS case records and 26 IPS case records was conducted. Information in the case files and APETS revealed the following:

SPS Victim Contacts

SPS - Victim Contact			
Requirement Met	Pre-sentence Contact	Victim Opt-In	Notice of Changes Given
Yes	10	3	1
No	1	8	1
N/A	66	66	75
Total	77	77	77
% Compliance	91%	N/A	50%
Meets Standard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IPS Victim Contacts

IPS – Victim Contact			
Requirement Met	Pre-sentence Contact	Victim Opt-In	Notice of Changes Given
Yes	7	0	0
No	0	7	0
N/A	19	19	26
Total	26	26	26
% Compliance	100%	N/A	N/A
Meets Standard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Noteworthy: The Department did a good job in achieving compliance in two of the six review areas. Three of the review areas were N/A.

Department Response: “The Department leadership will use the attached SPS & IPS Case File Review QA forms to assess compliance on this and other requirements according to the revised Quality Assurance Policy and Procedure. Per this revised policy, a staff meeting will be held monthly to review the overall findings in the case file reviews. Individual officers will also attend staffings with supervisors as needed to discuss improvement in this and other areas found in the review. The revised case file review process will begin in December 2019, and the first follow up Staff Meeting will be held January 15, 2020.”

Required Corrective Action: File Contents/Documentation section, recommend adding AHCCCS Referral. Financial Compliance/Community Restitution section, recommend removing the collection of paychecks pursuant to ACJA 6-202.01. OST/FROST/Case Plan section, recommend changing FROST and Case Plan from every 180 days to 12 months pursuant to ACJA 6-202.01(L)(2)(b) and ACJA 6-202.01 (L)(2)(h). Please provide a copy of the revised Quality Assurance Policy and Procedure as referenced above. Also, provide verification of the January 15, 2020 first follow-up Staff Meeting once completed (e.g., agenda, sign-in sheet, and handouts).

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Recommendation: The quality assurance procedure may include the utilization of a Victim Notification checklist, supervisory case file reviews, Code and Statute training, along with running the APETS Victim Report in external reports. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

OFFENDER ACCOUNTABILITY

The enforcement of court-ordered financial obligations such as restitution and probation service fees (PSF) and community restitution orders (CRO) are integral parts of probation supervision, the absence of which undermines probationer accountability and mitigates the sentence imposed. During the operational review, intensive and standard probation case files were reviewed to assess the department’s enforcement of financial obligations and CROs.

SPS Financials

Pursuant to [ACJA § 6-103\(E\)\(4\)\(I\)](#), [A.R.S. § 13-901](#)

A review of 77 case records was conducted. Information in the case file/financial file/APETS and information from the department revealed the following:

Standard Probation Service Fees (PSF)	
Requirement Met	Delinquency Addressed
Yes	27
No	34
N/A	17
Total	78
% in Compliance	44%
Meets Standard	N

The following table is for informational purposes only:

Standard Probation Service Fees (PSF)	
Requirement Met	PSF Current
Yes	8
No	61
N/A	9
Total	78
% Compliance	N/A
Meets Standard	NA

A review of 77 case records was conducted. Restitution was ordered in 7 of the 77 cases. Information in the case file/financial file/APETS and information from the department revealed the following:

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Standard Restitution				
Requirement Met	Restitution Current	Court Notified	State Notified	Opted in Victim Notified
Yes	2	3	0	0
No	5	2 ¹	0 ¹	0 ²
Total	7	5	0	0
% Compliance	N/A	60%	N/A	N/A
Meets Standard	N/A	N	N/A	N/A

¹Court/state/victim notification documentation of delinquent restitution not found in case record.

²Victim not opted-in.

Noteworthy: Not applicable

Department Response: “The Department leadership will use the attached SPS & IPS Case File Review QA forms to assess compliance on this and other requirements according to the revised Quality Assurance Policy and Procedure. Per this revised policy, a staff meeting will be held monthly to review the overall findings in the case file reviews. Individual officers will also attend staffings with supervisors as needed to discuss improvement in this and other areas found in the review. The revised case file review process will begin in December 2019, and the first follow up Staff Meeting will be held January 15, 2020.

The Department revitalized the monthly use of the Client Contact Compliance/What’s Due Reports on Oct. 31, 2019. Monthly, these reports for the direct caseloads are handed out, reviewed, completed, and turned in by the end of the month to catch up required contacts, assessments, case plans, home visits, etc. Every other month the same reports are also run, reviewed, completed and turned in for the out of county (OOC) caseloads.”

Required Corrective Action: Please provide a copy of the revised Quality Assurance Policy and Procedure as referenced above. Also, provide verification of the January 15, 2020 first follow-up Staff Meeting once completed (e.g., agenda, sign-in sheet, and handouts).

Recommendation: The quality assurance procedure may include scheduled refresher training and regular supervisory case file reviews to ensure efforts regarding enforcement of financial orders. APETS case notes should be utilized to document completion of all code and statute requirements, i.e. the monitoring and immediate address of any arrearage in both PSF and restitution.

IPS Financials

Pursuant to [ACJA § 6-103\(E\)\(4\)\(i\)](#) and [A.R.S. § 13-901](#)

Intensive Probation Service Fees (PSF)	
Requirement Met	Delinquency Addressed
Yes	10
No	2

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N/A	14
Total	26
% in Compliance	83%
Meets Standard	N

The following table is for informational purposes only:

Intensive Probation Service Fees (PSF)	
Requirement Met	PSF Current
Yes	10
No	12
N/A	4
Total	26
% in Compliance	N/A
Meets Standard	NA

A review of 26 case records was conducted. Restitution was ordered in one of the 26 cases. Information in the case file/financial file/APETS and information from the department revealed the following:

Intensive Probation Restitution				
Requirement Met	Restitution Current	Court Notified	State Notified	Opted in Victim Notified
Yes	1	0	0	0
No	0	0 ¹	0 ¹	0 ¹
Total	1	0	0	0
% Compliance	N/A	N/A	N/A	N/A
Meets Standard	NA	NA	NA	NA

¹Court/victim notification of delinquent restitution not found in case record.

Noteworthy: Not applicable

Department Response: “The Department leadership will use the attached SPS & IPS Case File Review QA forms to assess compliance on this and other requirements according to the revised Quality Assurance Policy and Procedure. Per this revised policy, a staff meeting will be held monthly to review the overall findings in the case file reviews. Individual officers will also attend staffings with supervisors as needed to discuss improvement in this and other areas found in the review. The revised case file review process will begin in December 2019, and the first follow up Staff Meeting will be held January 15, 2020.”

Required Corrective Action: Please provide a copy of the revised Quality Assurance Policy and Procedure as referenced above. Also, provide verification of the January 15, 2020 first follow-up Staff Meeting once completed (e.g., agenda, sign-in sheet, and handouts).

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Recommendation: The quality assurance procedure may include scheduled refresher training and regular supervisory case file reviews to ensure efforts regarding enforcement of financial orders. APETS case notes should be utilized to document completion of all code and statute requirements, i.e. officer monitoring and immediately addressing any arrearage in both PSF and restitution.

SPS Community Restitution (CR) Hours

Pursuant to [ACJA §§ 6-201.01\(J\)\(1\)\(h\)](#), [6-201.01\(K\)\(5\)\(d\)](#), [\(7\)\(c\)](#), and [\(8\)\(d\)](#)

A review of 77 case records was conducted. A monthly breakdown of CR hours compliance for the review period is illustrated below:

SPS Monthly Community Restitution Requirement Met				
CR Hours Completed	December 2018	January 2019	February 2019	Delinquency Addressed
Yes	0	0	0	0
No	5	6	5	6
N/A ¹	72	71	72	71
Total	77	77	77	77
% Compliance	0%	0%	0%	0%
Meets Standard	NA	NA	NA	N

¹CR hours were: not ordered, discretionary, or completed prior to the review period.

Noteworthy: Not applicable

Department Response: “The Department leadership will use the attached SPS & IPS Case File Review QA forms to assess compliance on this and other requirements according to the revised Quality Assurance Policy and Procedure. Per this revised policy, a staff meeting will be held monthly to review the overall findings in the case file reviews. Individual officers will also attend staffings with supervisors as needed to discuss improvement in this and other areas found in the review. The revised case file review process will begin in December 2019, and the first follow up Staff Meeting will be held January 15, 2020.”

Required Corrective Action: Please provide a copy of the revised Quality Assurance Policy and Procedure as referenced above. Also, provide verification of the January 15, 2020 first follow-up Staff Meeting once completed (e.g., agenda, sign-in sheet, and handouts).

AOC On-site Discovery: Of the 77 cases reviewed, 20 cases were sentenced under A.R.S. §§13-3405, 3406, 3407, and 3408. According to the conditions of supervision contained in the case record, the court failed to order the mandatory community restitution hours in 10 of the 20 eligible cases.

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Recommendation: The quality assurance procedure may include the utilization of APETS Report Application CWS (Community Restitution) Report, supervisory case file reviews, Code and Statute training. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements. Officers should seek clarification from the court when mandatory CR hours are not ordered.

IPS Community Restitution (CR) Hours

Pursuant to [A.R.S. § 13-914\(E\)\(6\)](#) and [ACJA § 6-202.01\(I\)\(1\)](#)

A review of 26 case records was conducted. A monthly breakdown of CR hours compliance for the review period is illustrated below:

IPS Monthly Community Restitution Requirement Met				
Hours Completed	December 2018	January 2019	February 2019	Delinquency Addressed
Yes	5	5	4	18
No	15	15	14	2
N/A ¹	6	6	8	6
Total	26	26	26	26
% Compliance	25%	25%	22%	90%
Meets Standard	NA	NA	NA	Y

¹probationer was in prison, jail, treatment, hospital, missing, or CR hours were waived

Noteworthy: The Department did a good job in addressing CR delinquency.

Department Response: None required

Required Corrective Action: None required

Recommendation: The quality assurance procedure may include the utilization of APETS Report Application CWS (Community Restitution) Report, supervisory case file reviews, Code and Statute training. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

CASE MANAGEMENT

SPS Residence and Employment Verification

The relevant Code in effect during the review period, [ACJA § 6-201.01\(K\)](#), requires residence verification timeframes based on supervision level and employment verification is as necessary. At the time of this Operational Review, cases sentenced prior to January 11, 2017 were reviewed

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per Statute and Code in effect during that time, which did not require verification within a specific timeframe.

The following table shows the number of residence and employment verifications conducted for the 77 case records reviewed (69 high and medium risk, 8 low risk).

Standard Supervision – Residence & Employment Verification			
	Residence Verification w/in 30 Days (High and Medium Risk)	Residence Verification w/in 60 Days (Low Risk)	Employment Verification as Necessary
Yes	24	1	17
No	36	3	26
N/A	17	73	34
Total	77	77	77
% Compliance	40%	25%	40%
Meets Standard	N	N	N

¹NA includes verifications completed prior to previous operational review or offenders who had a change in supervision level.

Noteworthy: Not applicable

Department Response: Pending. Please provide a corrective action to this finding.

Required Corrective Action: Develop and submit a quality assurance process that will ensure minimum standard compliance is achieved and maintained.

Recommendation: The quality assurance procedure may include the utilization of a New Client checklist, the Client Ticklers screen in APETS which would assist in providing set notifications to complete required tasks, APETS QA Reports, supervisory case file reviews, code and statute training. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

SPS OST/FROST Timeline Compliance

Pursuant to [ACJA §§ 6-201.01\(J\)\(5\)\(a\)\(1\)](#) and [6-105.01\(E\)\(2\)\(b\)\(1\)\(g\)](#)

At the time of this operational review, cases sentenced prior to January 11, 2017 were reviewed per Code in effect during that time which required a reassessment every 180 days. Cases sentenced on or after January 11, 2017 were reviewed per current Code which requires a reassessment 12 months from the initial assessment.

The results for the 77 SPS case records reviewed are listed in the table below.

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Offender Screening Tool (OST) Completed within 30 days	
Yes	46
No	15
N/A ¹	16
Total	77
% Compliance	75%
Meets Standard	<input checked="" type="checkbox"/>

¹N/A includes cases with a probation start date prior to previous operational review or initial assessment completed by another department.

The results for the 77 SPS case files reviewed are listed in the table below:

Reassessment (FROST)¹ per Code prior to 1/11/17 or Code requirement on or after 1/11/17	
Yes	48
No	59
N/A ²	280
Total	387
% Compliance	45%
Meets Standard	<input type="checkbox"/>

¹The FROSTs for the past three years were reviewed.

²N/A includes reassessments completed by another department, reviewed during a previous op review, or not required during this op review period.

Noteworthy: Not applicable

Department Response: “The Department revitalized the monthly use of the Client Contact Compliance/What’s Due Reports on Oct. 31, 2019. Monthly, these reports for the direct caseloads are handed out, reviewed, completed, and turned in by the end of the month to catch up required contacts, assessments, case plans, home visits, etc. Every other month the same reports are also run, reviewed, completed and turned in for the out of county (OOC) caseloads.

The Department leadership will use the attached SPS Case File Review QA form to assess compliance on this and other requirements according to the revised Quality Assurance Policy and Procedure. Per this revised policy, a staff meeting will be held monthly to review the overall findings in the case file reviews. Individual officers will also attend staffings with supervisors as needed to discuss improvement in this and other areas found in the review. The revised case file review process will begin in December 2019, and the first follow up Staff Meeting will be held January 15, 2020.

On December 19, 2019, the Department will hold a training on the effective use of the APETS Tickler system and the Outlook Calendar Reminders to be used as alerts for this and other specific tasks and timelines.”

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Required Corrective Action: File Contents/Documentation section, recommend adding AHCCCS Referral. OST/FROST/Case Plan section, recommend changing FROST and Case Plan from every 180 days to 12 months pursuant to ACJA 6-105.01 (E)(2)(b)(1)(g) and ACJA 6-201.01 (J)(1)(l). Please provide a copy of the revised Quality Assurance Policy and Procedure as referenced above. Also, provide verification of the January 15, 2020 first follow-up Staff Meeting once completed and the December 19, 2019 training once completed (e.g., agenda, sign-in sheet, and handouts).

Recommendation: The quality assurance procedure may include the utilization of the Client Ticklers screen in APETS which would assist in providing 90/60/30-day notifications to complete assessments, APETS QA Reports, supervisory case file reviews, code and statute training. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

SPS Assessment Score Matching Supervision Level

Pursuant to [ACJA § 6-105.01\(E\)\(2\)\(b\)\(1\)\(c\)](#)

The team reviewed supervision levels of the selected cases to determine if they agreed with assessment or reassessment scores. The post-sentence supervision assignment sheet (updated in January 2010) requires that assessment scores of 0-5 (males) and 0-8 (females) be supervised under standard, minimum supervision requirements. Assessment scores of 6–17 (males), 9-20 (females) will be supervised under the standard, medium supervision requirements, and assessment scores of 18 and higher (males) and 21 and higher (females) will be supervised under the standard, maximum supervision requirements.

Each of the 77 SPS cases were compared to the above standards using the current supervision level and OST/FROST. The results are outlined below:

Supervision Level Matches Assessment Scores for Standard Supervision			
Requirement Met	Maximum	Medium	Minimum
Yes	2	65	8
No	0	2	0
Total	2	67	8
N/A ¹	0	0	0
% in Compliance	100%	97%	100%
Meets Standard	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

¹Most recent risk score was not in the case file and/or APETS

Noteworthy: The Department did an excellent job meeting compliance in this review area.

Department Response: None required

Required Corrective Action: None required

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Recommendation: The quality assurance procedure may include the utilization of APETS Report Application County Population by Risk Report, supervisory case file reviews, code and statute training. APETS case notes should be utilized to document overrides and other appropriate screens should be utilized to document completion of all code and statute requirements.

SPS Case Plan

Pursuant to [ACJA §§ 6-201.01\(J\)\(5\)\(a\)\(4\)](#), [6-201.01\(J\)\(5\)\(a\)\(7-8\)](#), and [6-201.01\(J\)\(1\)\(l\)](#)

At the time of this operational review, cases sentenced prior to January 11, 2017 were reviewed per Code in effect during that time, which required a follow-up case plan every 180 days. Cases sentenced on or after January 11, 2017 were reviewed per current Code, which requires a follow-up case plan, 12 months from the initial case plan.

The table below shows the department’s compliance regarding an initial case plan and follow-up case plans. Of the 77 cases reviewed, 8 were minimum level supervision cases.

SPS Case Plans ¹						
Requirements	Yes	No	N/A ²	Total	% Compliance	Meets Standard
Initial completed within 60 days	27	33	17	77	45%	N
Follow-up completed per Code prior to January 11, 2017 or per current Code as of January 11, 2017	22	61	302	385 ³	27%	N
If minimum supervision level, was a case plan completed as required	4	0	73	77	100%	Y

¹The CP for the past three years were reviewed for each applicable case file.

²Another agency/county responsible for initial CP, and/or follow-up CP, CP not necessary for the applicable case and/or CP not necessary at the time of the operational review or would have been verified in an earlier operational review.

³Follow-up CP completed as required per individual case.

Noteworthy: The Department did a good job in meeting 100 percent compliance in one of three review areas above.

Department Response: “The Department revitalized the monthly use of the Client Contact Compliance/What’s Due Reports on Oct. 31, 2019. Monthly, these reports for the direct caseloads are handed out, reviewed, completed, and turned in by the end of the month to catch up required contacts, assessments, case plans, home visits, etc. Every other month the same reports are also run, reviewed, completed and turned in for the out of county (OOC) caseloads.

The Department leadership will use the attached SPS Case File Review QA form to assess compliance on this and other requirements according to the revised Quality Assurance Policy and Procedure. Per this revised policy, a staff meeting will be held monthly to review the overall findings in the case file reviews. Individual officers will also attend staffings with supervisors as

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needed to discuss improvement in this and other areas found in the review. The revised case file review process will begin in December 2019, and the first follow up Staff Meeting will be held January 15, 2020.

On December 19, 2019, the Department will hold a training on the effective use of the APETS Tickler system and the Outlook Calendar Reminders to be used as alerts for this and other specific tasks and timelines.”

Required Corrective Action: Please provide a copy of the revised Quality Assurance Policy and Procedure as referenced above. Also, provide verification of the January 15, 2020 first follow-up Staff Meeting once completed and the December 19, 2019 training once completed (e.g., agenda, sign-in sheet, and handouts).

Recommendation: The quality assurance procedure may include the utilization of the Client Ticklers screen in APETS which would assist in providing 90/60/30day notifications to complete case plans, supervisory case file reviews, code and statute training. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

SPS Case Plan Signatures

Pursuant to [ACJA § 6-201.01\(J\)\(5\)\(a\)\(4\)](#)

Case plan signatures indicate the probationer and supervising officer are aware of the goals to be addressed during each contact and that the probationer participated in the case planning. The results for the 77 SPS case files reviewed are displayed below:

Most Recent Case Plan Contains Required Signatures	
Yes	61
No	9
Total	70
N/A ¹	7
% Compliance	87%
Meets Standard	<input checked="" type="checkbox"/>

¹N/A includes low risk not needing a CP and cases not containing a current CP

Noteworthy: Not applicable

Department response: The Department leadership will use the attached SPS Case File Review QA form to assess compliance on this and other requirements according to the revised Quality Assurance Policy and Procedure. Per this revised policy, a staff meeting will be held monthly to review the overall findings in the case file reviews. Individual officers will also attend staffings with supervisors as needed to discuss improvement in this and other areas found in the review.

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The revised case file review process will begin in December 2019, and the first follow up Staff Meeting will be held January 15, 2020.

Required Corrective Action: Please provide verification of the January 15, 2020 first follow-up Staff Meeting once completed (e.g., agenda, sign-in sheet, and handouts).

Recommendation: The quality assurance procedure may include supervisory case file reviews, code and statute training.

SPS Low Risk Annual Review

Pursuant to [AJCA 6-201.01\(J\)\(5\)](#)

The table below shows the department’s compliance regarding case file reviews for probationers assessed as low risk. Of the 77 cases reviewed, 8 were minimum level supervision cases.

SPS Low Risk Supervision Level Annual Review	
Yes	2
No	1
Total	3
N/A ¹	74
% Compliance	67%
Meets Standard	<input checked="" type="checkbox"/>

¹NA includes low risk not meeting the annual time requirement.

Noteworthy: Not applicable

Department response: “The Department leadership will use the attached SPS Case File Review QA form to assess compliance on this and other requirements according to the revised Quality Assurance Policy and Procedure. Per this revised policy, a staff meeting will be held monthly to review the overall findings in the case file reviews. Individual officers will also attend staffings with supervisors as needed to discuss improvement in this and other areas found in the review. The revised case file review process will begin in December 2019, and the first follow up Staff Meeting will be held January 15, 2020.”

Required Corrective Action: Please provide verification of the January 15, 2020 first follow-up Staff Meeting once completed (e.g., agenda, sign-in sheet, and handouts).

Recommendation: The quality assurance procedure may include supervisory case file reviews, code and statute training.

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IPS

Photo in File

Pursuant to [ACJA § 6-202.01\(P\)\(2\)\(c\)](#)

Verification of Employment

Pursuant to [ACJA § 6-202.01\(N\)\(3\)\(b\)](#), [\(4\)\(b\)](#), [\(5\)\(b\)](#), and [\(6\)\(b\)](#)

Verification of Job Search and Verification of Community Restitution

Pursuant to [A.R.S. § 13-914\(E\)\(1\)](#) and [A.R.S. § 13-914\(E\)\(6\)](#)

Verification of Residence

Pursuant to [ACJA § 6-202.01\(N\)\(3\)](#)

During the review period (cases sentenced prior to January 11, 2017), there is no statute, code, or departmental policy regarding IPS residence verification.

Intensive Probation Cases				
Requirement Met	Photo in File	Employment Verified w/in 10 Days	Job Search/CR Verification	Residence Verified w/in 10 Days
Yes	26	20	0	21
No	0	0	3	5
Total	26	20	3	26
N/A	0	6 ¹	23 ²	0 ³
% Compliance	100%	100%	0%	81%
Meets Standard	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹N/A includes job search or disabled probationers

²N/A includes employed, full-time student, in treatment

³N/A includes reinstatements to IPS or sentenced prior to 3/11/2017

Noteworthy: The Department achieved 100 percent compliance in two of the four review areas.

Department Response: “The Department revitalized the monthly use of the Client Contact Compliance/What’s Due Reports on Oct. 31, 2019. Monthly, these reports for the direct caseloads are handed out, reviewed, completed, and turned in by the end of the month to catch up required contacts, assessments, case plans, home visits, etc. Every other month the same reports are also run, reviewed, completed and turned in for the out of county (OOC) caseloads.

The Department leadership will use the attached [IPS Case File Review QA form](#) to assess compliance on this and other requirements according to the revised Quality Assurance Policy and Procedure. Per this revised policy, a staff meeting will be held monthly to review the overall

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findings in the case file reviews. Individual officers will also attend staffings with supervisors as needed to discuss improvement in this and other areas found in the review. The revised case file review process will begin in December 2019, and the first follow up Staff Meeting will be held January 15, 2020.”

Required Corrective Action: Please provide verification of the January 15, 2020 first follow-up Staff Meeting once completed (e.g., agenda, sign-in sheet, and handouts).

Recommendation: The quality assurance procedure may include development and utilization of an IPS checklist, the use of APETS QA Reports, supervisory case file reviews, Code and Statute training. APETS case notes and other appropriate screens should be utilized to document completion of all Code and Statute requirements.

Verification of IPS Schedules

Pursuant to [A.R.S. § 13-914\(E\)\(4\)](#)

For the three-month period as noted in the table below, 26 files were reviewed for the presence of probationers’ schedules. At the time of this review, to be counted as completed for the month, schedules for all four weeks must have been completed in detail and in the case file.

IPS Schedules Submitted			
Four Schedules/Month	December 2018	January 2019	February 2019
Yes	16	15	16
No	4	4	3
Total	20	19	19
N/A ¹	6	7	7
% Compliance	80%	79%	84%
Meets Standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹N/A refers to intensive probationers in jail, DOC, residential treatment, or recently transitioned to standard supervision.

Noteworthy: Not applicable

Department Response: “The Department leadership will use the attached IPS Case File Review QA form to assess compliance on this and other requirements according to the revised Quality Assurance Policy and Procedure. Per this revised policy, a staff meeting will be held monthly to review the overall findings in the case file reviews. Individual officers will also attend staffings with supervisors as needed to discuss improvement in this and other areas found in the review. The revised case file review process will begin in December 2019, and the first follow up Staff Meeting will be held January 15, 2020.”

Required Corrective Action: Please provide verification of the January 15, 2020 first follow-up Staff Meeting once completed (e.g., agenda, sign-in sheet, and handouts).

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Recommendation: The quality assurance procedure may include regular supervisor case file reviews, corrective action steps for non-compliance, and probation officer refresher training, APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

IPS OST/FROST and Case Plan

Pursuant to [ACJA §§ 6-105.01\(E\)\(2\)\(b\)\(1\)\(a\), 6-105.01\(E\)\(2\)\(b\)\(1\)\(g\), 6-202.01\(L\)\(2\)\(c\), 6-202.01\(L\)\(2\)\(h\), and 6-202.01\(L\)\(2\)\(c\)](#)

Per the January 11, 2017 code revision, initial assessments and reassessments completed on or after this date were reviewed using the 30 days/12-month requirement. Initial assessments and reassessments completed prior to January 11, 2017 were reviewed according to the 30 days/180-day requirement.

A review of 26 case files revealed the following:

Requirement Met	Initial Assessment (OST) w/in 30 days or at PSI	Reassessment (FROST)¹ per Code prior to 1/11/17 or Code on or after 1/11/17
Yes	5	17
No	0	14
N/A ²	21	125
Total	26	156
% Compliance	100%	55%
Meets Standard	<input checked="" type="checkbox"/>	<input type="checkbox"/>

¹The FROSTs for the past three years were reviewed.

²N/A includes offenders reinstated to IPS or OST completed by another agency/department.

IPS Case Plans¹						
Requirements	Yes	No	N/A²	Total	% Compliance	Meets Standard
Initial completed within 30 days	7	3	16	26	70%	<input type="checkbox"/>
Follow-up completed per Code requirement prior to 1/11/17 or Code requirement on or after 1/11/17	13	10	107	130	57%	<input type="checkbox"/>
Required signatures obtained	19	6	1	26	76%	<input type="checkbox"/>

¹The case plans for the past three years were reviewed.

²Another agency/county responsible for initial case plan, and/or follow-up case plan, case plan not necessary for the applicable case and/or case plan not necessary at the time of the operational review or would have been verified in an earlier operational review.

Noteworthy: The Department did an excellent job in achieving 100 percent compliance in the Initial Assessment review area.

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Department Response: “The Department revitalized the monthly use of the Client Contact Compliance/What’s Due Reports on Oct. 31, 2019. Monthly, these reports for the direct caseloads are handed out, reviewed, completed, and turned in by the end of the month to catch up required contacts, assessments, case plans, home visits, etc. Every other month the same reports are also run, reviewed, completed and turned in for the out of county (OOC) caseloads.

The Department leadership will use the attached IPS Case File Review QA form to assess compliance on this and other requirements according to the revised Quality Assurance Policy and Procedure. Per this revised policy, a staff meeting will be held monthly to review the overall findings in the case file reviews. Individual officers will also attend staffings with supervisors as needed to discuss improvement in this and other areas found in the review. The revised case file review process will begin in December 2019, and the first follow up Staff Meeting will be held January 15, 2020.

On December 19, 2019, the Department will hold a training on the effective use of the APETS Tickler system and the Outlook Calendar Reminders to be used as alerts for this and other specific tasks and timelines.”

Required Corrective Action: File Contents/Documentation section, recommend adding AHCCCS Referral. Financial Compliance/Community Restitution section, recommend removing the collection of paychecks pursuant to ACJA 6-202.01. OST/FROST/Case Plan section, recommend changing FROST and Case Plan from every 180 days to 12 months pursuant to ACJA 6-202.01(L)(2)(b) and ACJA 6-202.01 (L)(2)(h). Please provide verification of the January 15, 2020 first follow-up Staff Meeting once completed and the December 19, 2019 training once completed (e.g., agenda, sign-in sheet, and handouts).

Recommendation: The quality assurance procedure may include the utilization of the Client Ticklers screen in APETS which would assist in providing 90/60/30day notifications to complete case plans, supervisory case file reviews, code and statute training. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

Incoming Interstate

Pursuant to [ACJA § 6-204.01\(J\)](#), [A.R.S § 31-467.06](#), and [Interstate Commission for Adult Offender Supervision \(ICAOS\) Rule 4.106\(a\)](#), [ICAOS Rule 3.103 \(c\)](#) and [Rule 3.106 \(b\)](#)

The table below lists the results of the review of three incoming ISC cases files.

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ISC Incoming						Meets Standard
Requirements	Yes	No	N/A	Total	% Compliance	
Were the Arizona Conditions Signed	3	0	0	3	100%	<input type="checkbox"/> Y
Is VCAF on Arizona Terms & Conditions	2	1	0	3	67%	<input type="checkbox"/> N
Sending State's Terms & Conditions in	3	0	0	3	100%	<input type="checkbox"/> Y
Interstate Tracking Screen Completed in	3	0	0	3	100%	<input type="checkbox"/> Y
ISC Status Accurate in APETS (Accepted,	3	0	0	3	100%	<input type="checkbox"/> Y
If VCAF collections are not current, has the PO addressed	0	2	1	3	0%	<input type="checkbox"/> N
DNA Collected Within 30 Days	0	3	0	3	0%	<input type="checkbox"/> N
OST Within 30 Days of Arrival or	1	2	0	3	33%	<input type="checkbox"/> N
ICP Within (60 days for SPS and 30 days for IPS) of Arrival or Acceptance	0	3	0	3	0%	<input type="checkbox"/> N
If VCAF Delinquent, has Officer addressed delinquency	0	2	1	3	0%	<input type="checkbox"/> N

For Informational purposes only in relation to VCAF monies owed to Arizona

ISC Incoming Monies Owed	Yes	No	N/A	Total	% Compliance
Are VCAF collections current	1	2	0	3	33%

Noteworthy: The Department did a good job in achieving 100% compliance in four of the ten review areas above.

Department Response: “The Department leadership will use the attached ISC Case File Review QA form to assess compliance on this and other requirements according to the revised Quality Assurance Policy and Procedure. Per this revised policy, a staff meeting will be held monthly to review the overall findings in the case file reviews. Individual officers will also attend staffings with supervisors as needed to discuss improvement in this and other areas found in the review. The revised case file review process will begin in December 2019, and the first follow up Staff Meeting will be held January 15, 2020.

The Department will participate in the annual ISC and Code Revisions Refresher training provided and scheduled by AOC – APSD in March 2020.”

Required Corrective Action: Please provide verification of the January 15, 2020 first follow-up Staff Meeting once completed and the March 2020 training once completed (e.g., agenda, sign-in sheet, and handouts).

Recommendation: The quality assurance procedure may include utilization of an Incoming ISC checklist, the use of APETS QA Reports, supervisory case file reviews, code and statute training.

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APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

Outgoing Interstate

Pursuant to [ACJA § 6-204.01\(J\)](#)

The table below lists the results of the review of 30 Outgoing ISC case records.

ISC Outgoing						
Requirements	Yes	No	N/A	Total	% Compliance	Meets Standard
ISC status accurate (accepted, closed, etc.), ICOTS & APETS match	29	1	0	30	97%	Y
Did probationer leave with valid reporting instructions	30	0	0	30	100%	Y
Did the PO respond to violation reports within 10 business days	1	2	27	30	33%	N
Was DNA sample secured from the probationer, transmitted to DPS, and verified within 30 days of being placed on probation or prior to departing from AZ through ISC	2	19	9	30	10%	N
If it is not the probationer's 1st felony offense or if DNA was previously secured by another agency did the officer, verify DNA was in the DPS databank within 30 days of being placed on probation or prior to departing from AZ through ISC	3	5	22	30	38%	N
Was the Opted-in Victim notified of ISC and any other probation status issues	0	2	28	30	0%	N

Noteworthy: The Department did a good job in achieving compliance in two of the six review areas.

Department Response: “The Department leadership will use the attached ISC Case File Review QA form to assess compliance on this and other requirements according to the revised Quality Assurance Policy and Procedure. Per this revised policy, a staff meeting will be held monthly to review the overall findings in the case file reviews. Individual officers will also attend staffings

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with supervisors as needed to discuss improvement in this and other areas found in the review. The revised case file review process will begin in December 2019, and the first follow up Staff Meeting will be held January 15, 2020.

The Department will participate in the annual ISC and Code Revisions Refresher training provided and scheduled by AOC – APSD in March 2020.”

Required Corrective Action: Please provide verification of the January 15, 2020 first follow-up Staff Meeting once completed and the March 2020 training once completed (e.g., agenda, sign-in sheet, and handouts).

Recommendation: The quality assurance procedure may include out-of-state address notification during PSI, development and utilization of an Outgoing ISC checklist which includes victim notification, DNA collection, travel permit, etc., the use of APETS reports such as QA DNA001-Client DNA Verification and APETS QA Reports, supervisory case file reviews, code and statute training. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

For informational purposes only in relation to Court monies owed to Arizona

Outgoing ISC Monies Owed	Yes	No	N/A	Total	% Compliance
Is money owed to Arizona	26	4	0	30	87%
Are payments current	0	26	4	30	0%

Noteworthy: Not applicable

Department response: None required

Required Corrective Action: None required

Recommendation: Although the team could not determine whether officers were following up with probationers regarding payments, the Department may want to establish a review process for probationer payments. The following is recommended to help establish a review process for payments, officers assigned to monitor outgoing accepted probationers for the department need to run financials every 60 days, more frequently for probationers who owe victim restitution, and if an offender is in arrears do the following:

- Check ICOTS for address and employment information and attempt to contact the probationer
- Follow local policies and procedures for sending a letter, etc. to make the probationer aware of his court-ordered financial obligations, resend payment balances, monthly amount due, address where to mail the payment, etc.
- In compliance with ACJA, memo the court for all probationers who are 60 days or more in arrears in restitution payments

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- Submit a Compact Action Request via ICOTS to the receiving state to request assistance with the offender pursuant to ICAOS Rule 4.108 b.
- If after all attempts to collect monies have failed, memo the local court to ascertain whether a status hearing or revocation hearing is appropriate and consider a discretionary retaking under Rule 5.101

Closed

Pursuant to [A.R.S. §§ 12-253 \(2\)](#) and [\(7\)](#), [13-4415 \(A\)\(1-3\)](#), [13-4415 \(B\)\(1-5\)](#), [13-610\(C\), \(D\)](#) and [\(G through O\)](#), [13-902\(C\)](#), [13-805\(A\)\(1\)\(2\)](#), and [ACJA § 6-201.01\(J\)\(5\)\(a\)\(12\)](#)

The table below list the results of the 30 cases that were reviewed:

Closed Cases						
Requirements	Yes	No	N/A	Total	% Compliance	Meets Standard
Warrant Check Before Termination	10	9	11	30	53%	<input type="checkbox"/>
Court Ordered Treatment Completed	9	3	18	30	75%	<input type="checkbox"/>
Order of Discharge in file	18	0	12	30	100%	<input checked="" type="checkbox"/>
Restitution Owed at Closure	0	1	29	30	N/A	<input type="checkbox"/>
Extended for Restitution	0	0	30	30	N/A	<input type="checkbox"/>
Other financial terms owed at closure	23	6	1	30	N/A	<input type="checkbox"/>
CRO Entered for Outstanding Financial Balances	22	1	7	30	96%	<input checked="" type="checkbox"/>
Opted-In Victim Notified of Closure	0	1	29	30	0%	<input type="checkbox"/>
CR hours required by Statute completed by Closure	3	4	23	30	43%	<input type="checkbox"/>
DNA secured, transmitted, and verified within 30 days	0	2	28	30	0%	<input type="checkbox"/>
If DNA was previously secured by another agency did the officer, verify DNA was in the DPS databank within 30 days	8	20	2	30	29%	<input type="checkbox"/>

Noteworthy: The Department did a good job in achieving compliance in two of the eleven review areas, with 100 percent compliance in one review area.

Department Response: “The Department has a Closed Case Checklist it already uses. In the training held December 19, 2020, *[sic]* the utilization of the checklist will be trained to all officers.

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The Department leadership will use the attached SPS/IPS Case File Review QA form to assess compliance on this and other requirements according to the revised Quality Assurance Policy and Procedure. Per this revised policy, a staff meeting will be held monthly to review the overall findings in the case file reviews. Individual officers will also attend staffings with supervisors as needed to discuss improvement in this and other areas found in the review. The revised case file review process will begin in December 2019, and the first follow up Staff Meeting will be held January 15, 2020.”

Required Corrective Action: Please provide a copy of the Closed Case Checklist for review. Also, provide verification of the December 19, 2019 training once completed and the January 15, 2020 first follow-up Staff Meeting once completed (e.g., agenda, sign-in sheet, and handouts).

Recommendation: The quality assurance procedure may include the development and utilization of a Closed Case checklist, the use of the Client Ticklers screen in APETS which would assist in providing 90/60/30-day notifications to run warrant checks, supervisory case file reviews, code and statute training. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

TREATMENT SERVICES

SPS Treatment Referrals

Pursuant to [ACJA § 6-201.01\(J\)\(5\)\(b\)](#)

A review of 77 case records was conducted. Information in the case file and APETS revealed the following:

SPS Treatment Referral	
Requirement Met	Referral w/in 60 days
Yes	42
No	6
N/A	29
Total	77
% Compliance	88%
Meets Standard	<input checked="" type="checkbox"/>

Noteworthy: Not applicable

Department response: “The Department leadership will use the attached SPS Case File Review QA form to assess compliance on this and other requirements according to the revised Quality Assurance Policy and Procedure. Per this revised policy, a staff meeting will be held monthly to review the overall findings in the case file reviews. Individual officers will also attend staffings with supervisors as needed to discuss improvement in this and other areas found in the review.

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The revised case file review process will begin in December 2019, and the first follow up Staff Meeting will be held January 15, 2020.

On December 19, 2019, the Department will hold a training on the effective use of the APETS Tickler system and the Outlook Calendar Reminders to be used as alerts for this and other specific tasks and timelines.”

Required Corrective Action: Please provide verification of the December 19, 2019 training once completed and the January 15, 2020 first follow-up Staff Meeting once completed (e.g., agenda, sign-in sheet, and handouts).

Recommendation: Continue to ensure that initial contact with probationers results in minimum code and statute requirement compliance. Adherence to APETS 90/60/30-day notifications will also assist in continued compliance. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

IPS Treatment Referrals

Pursuant to [ACJA § 6-202.01\(L\)\(2\)\(o\)](#)

A review of 26 case records was conducted. Information in the case file and APETS revealed the following:

IPS Treatment Referral	
Requirement Met	Referral w/in 30 days
Yes	7
No	0
N/A	19
Total	26
% Compliance	100%
Meets Standard	Y

Noteworthy: The Department did an excellent job achieving 100 percent compliance in this review area.

Department response: None required

Required Corrective Action: None required

Recommendation: Please continue to ensure that initial contact with probationers results in minimum code and statute requirement compliance. Adherence to APETS 90/60/30-day notifications will also assist in continued compliance. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

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Transferred Youth

A transferred youth (TY) is a juvenile who is fifteen, sixteen or seventeen years of age at the time the alleged offense is committed and was:

- a. Transferred to the adult court via a transfer hearing or
- b. Charged in the adult court (direct filed) while still a juvenile.

There are no ACJA codes or directives regarding TY. However, the AOC and the probation departments are working on developing guidelines for supervision of youthful offenders (based on evidence-based practices) to assist the departments in addressing the needs of this population.

Statutes relating to TY are: [A.R.S. §§ 8-322, 8-327, 13-501, 13-504, 13-921, 13-923, 13-3821, 13-3822, 8-302](#), and [13-350.01](#)

ACJA Codes relating to transferred youth on probation: [ACJA §§ 6-201.01, 6-202.01](#) and [6-105.01](#)

A review of 3 case records was conducted. Information in the case file and APETS revealed the following:

Transferred Youth						
Requirements	Yes	No	N/A	Total	% Compliance	Meets Standard
OST within 30 days	3	0	0	3	100%	<input checked="" type="checkbox"/>
FROST within 12 months	1	0	2	3	100%	<input checked="" type="checkbox"/>
Initial case plan within 60 days of sentencing/release from custody/acceptance	1	0	2	3	100%	<input checked="" type="checkbox"/>
Risk score agree with supervision level	3	0	0	3	100%	<input checked="" type="checkbox"/>
Was treatment court ordered	2	0	1	3	100%	<input type="checkbox"/>
Screened for Title 19 or 21 (AHCCCS)	1	2	0	3	33%	<input type="checkbox"/>

For informational purpose only, not a compliance issue.

Summary	Yes	No	Total	N/A	% Compliance
Probationer has GED/high school diploma	3	0	3	0	100%
Enrolled in school	0	0	0	3	N/A
Enrolled in GED classes	0	0	0	3	N/A
Employed	2	0	2	1	100%
Was treatment completed	2	0	2	1	100%

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Summary	Yes	No	Total	N/A	% Compliance
Positive reinforcements used	1	0	1	2	100%
Intermediate sanctions used	0	0	0	3	N/A
Petition to Revoke (PTR) filed	0	0	0	3	N/A
Incarcerated as a result of PTR	0	0	0	3	N/A
Is the probationer a sex offender	1	2	3	0	N/A
If yes, has an annual court hearing (only for sex offenders) been requested by the probationer	0	0	0	3	N/A

Noteworthy: The Department did an excellent job in achieving 100 percent compliance in five of the six required review areas.

Department Response: AHCCCS screening will be reviewed and trained during the December 19, 2020[sic] training.

Required Corrective Action: Please provide verification of the December 19, 2019 training once completed (e.g., agenda, sign-in sheet, and handouts).

Recommendation: The quality assurance procedure may include the development and utilization of a New Client checklist, APETS QA Reports, the use of the Client Ticklers screen in APETS which would assist in providing notification to address education and treatment needs, supervisory case file reviews, and code and statute training. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

SPS Drug Testing

Pursuant to [ACJA § 6-201.01 \(J\)\(1\)\(f\)](#)

A review of 77 case records was conducted. Information in the case file and APETS revealed the following:

SPS Drug Testing		
Requirement Met	Frequency Described in Case Plan/Record	Completed as Described
Yes	3	1
No	4	2
N/A	70	74
Total	77	77
% Compliance	43%	33%
Meets Standard	N	N

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Noteworthy: Not applicable

Department Response: “The Department leadership will use the attached SPS Case File Review QA form to assess compliance on this and other requirements according to the revised Quality Assurance Policy and Procedure. Per this revised policy, a staff meeting will be held monthly to review the overall findings in the case file reviews. Individual officers will also attend staffings with supervisors as needed to discuss improvement in this and other areas found in the review. The revised case file review process will begin in December 2019, and the first follow up Staff Meeting will be held January 15, 2020.”

Required Corrective Action: Please provide verification of the January 15, 2020 training once completed (e.g., agenda, sign-in sheet, and handouts).

Recommendation: Officer refresher training will reinforce the requirement of documenting the frequency of drug testing in the probationer’s case plan and supervisory case file reviews would assist in ensuring that case plan requirements are met.

IPS Drug Testing

Pursuant to [ACJA § 6-202.01\(L\)\(2\)\(e\)](#)

A review of 26 case records was conducted. Information in the case file and APETS revealed the following:

IPS Drug Testing		
Requirement Met	Frequency Described in Case Plan/Record	Completed as Described
Yes	10	10
No	0	0
N/A	16	16
Total	26	26
% Compliance	100%	100%
Meets Standard	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Noteworthy: The Department did an excellent job in achieving 100 percent compliance in the two review areas.

Department response: None required

Required Corrective Action: None required

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Recommendation: Officer refresher training will reinforce the requirement of documenting the frequency of drug testing in the probationer’s case plan and supervisory case file reviews would assist in ensuring that case plan requirements are met.

Drug Treatment and Education Fund (DTEF)

Pursuant to [A.R.S. § 13-901.01](#), [A.R.S. § 13-901.02](#), and [ACJA § 6-205\(G\)\(1\)c](#)

For purposes of the operational review, 22 cases that were considered DTEF cases pursuant to A.R.S 13-901.01 (A)(F) were reviewed.

DTEF Cases					
13-901.01 (A) & (F)		22			
13-901.01 (D)		0			
DTEF Cases					
Requirement	Yes	No	N/A	% Compliance	Meets Standard
Mandatory Case (A’s & F’s): At minimum, received substance abuse education or drug treatment	19	3	0	86%	N
AOC approved Ability to pay form completed and in file	0	20	2	0%	N
Drug treatment or education, referral made within 30 days IPS, 60 days SPS	17	4	1	81%	N
DTEF Funded	0	22	0	N/A	NA
Other Methods of Payments	Yes	No	DTEF	% Compliance	Meets Standard
Other methods (AHCCCS, private pay, private insurance, etc.)	20	2	0	N/A	NA

Noteworthy: Not applicable

Department Response: “The Department leadership will use the attached SPS Case File Review QA form to assess compliance on this and other requirements according to the revised Quality Assurance Policy and Procedure. Per this revised policy, a staff meeting will be held monthly to review the overall findings in the case file reviews. Individual officers will also attend staffings with supervisors as needed to discuss improvement in this and other areas found in the review. The revised case file review process will begin in December 2019, and the first follow up Staff Meeting will be held January 15, 2020.

The Department also runs the DTEF Reports quarterly to review and evaluate performance of referrals and appropriate treatment placement.”

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Required Corrective Action: Please provide a copy of the revised Quality Assurance Policy and Procedure as referenced above. Also, provide verification of the January 15, 2020 first follow-up Staff Meeting once completed (e.g., agenda, sign-in sheet, and handouts).

Recommendation: The quality assurance procedure may include the utilization of DTEF Reports/DTEF Report Card in APETS, appropriate screens, i.e. AHCCCS Tracking screen, Client Services/DTEF screen and Initiate Court Data screen, supervisory case file reviews, code and statute training. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

ACKNOWLEDGEMENTS

The Adult Probation Services Division (APSD) of the Administrative Office of the Courts (AOC) appreciated the professionalism, collaboration, hospitality, and patience of the Graham County Adult Probation staff throughout the operational review process.

Moreover, the operational review team sincerely appreciates the Department’s willingness to participate in operational review options. Also, the Department submitted a complete Self-Assessment Questionnaire (SAQ), responded to all questions/requests for additional information, was open and responsive throughout the review process.

Finally, the Department’s response to the Draft Report has been incorporated into the Final Report. The Follow-up process will commence with the issuance of the Final Report. The Follow-up process allows the Department the opportunity to respond to remaining compliance issues stated in the Final Report as Required Corrective Action.

COMPLIANCE SUMMARY COMPARISON

ADMINISTRATION AND MANAGEMENT	2019	2015
Employment		
Verification of bachelor’s degree for PO	100%	75%
Verification of High School Diploma/GED for SO	100%	N/A
Before hire, National and State Criminal History Check	100%	57%
Before hire, MVD check through Arizona & other States of Residence	100%	86%
Officer Certification/COJET/Training Requirements		
8 Hours of Officer Safety Training within 30 days of Appointment	100%	0%
Completion of PO Certification Academy within 1 Year of Hire Date	100%	100%
Certification Requested by CPO within 1 Year of Active Service	91%	25%
Completion of IPS Academy within 12 months of Assignment	100%	40%
Biannual Criminal History & MVD Check		
Criminal History Check Every 2 Years	100%	0%

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Annual MVD Check	100%	0%
Pre-sentence Reports on Time	100%	100%

COMMUNITY PROTECTION	2019	2015
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SPS Supervision Contacts		
Minimum Level	100%	100%
Medium Level	91%	97%
Maximum Level	95%	N/A

IPS Supervision Contacts		
Contacts with Probationers	86%	86%
Contact with Employers	86%	42%

Sex Offender Contacts	95%	N/A
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Activity to Locate Before Warrant Issued		
IPS - Warrant Requested within 72 hours	100%	40%
SPS - Warrant Requested within 90 days	76%	67%
Residence Checked	63%	11%
Collaterals Checked	90%	47%
Employment Checked	0%	0%
Certified Letter Sent	N/A	10%

Activity of Locate After Warrant Issued		
After warrant issued, a criminal history check done	44%	N/A
Residence Checked	0%	0%
Employment Checked	0%	0%
Opted-In Victim Notified	N/A	N/A
Annual Records Check	N/A	0%
CRO Filed on or Before 91st day	72%	22%

Sex Offender Requirements		
Registration within 10 days	47%	67%
Verify residence within 30 days (SPS), 10 days (IPS)	85%	N/A
Address/Name Change Notification Change within 72 hours	29%	57%
Yearly Identification	12%	64%
Was DNA sample secured from the probationer and transmitted to DPS within 30 days of being placed on probation or acceptance of incoming	0%	90%
If it is not the probationer's 1st felony offense did the officer, verify DNA was in the DPS databank within 30 days of being placed on probation or acceptance of incoming	48%	N/A
Referred to Treatment	100%	6%

GPS Compliance

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GPS attribute marked in APETS	100%	80%
Probationer activated on initial report w/in 72 hours of sentencing/release from custody	86%	67%
Probationer activated upon first face to face with probation officer after Court Ordered Modification	100%	N/A
GPS rules signed by probationer	88%	80%
For documented violations, PO initiate immediate response	100%	100%
Responses entered in APETS within 72 hours	0%	100%
If absconder, PTR with 72 hours	N/A	N/A

Signed Review/Acknowledgement of Terms of Conditions

SPS	84%	81%
IPS	96%	100%

DNA Collection

SPS

Was DNA sample secured/verified within 30 days of being placed on probation or acceptance of incoming	0%	55%
If it is not the probationer's 1st felony offense or DNA was secured by another agency did the officer, verify DNA was in the DPS databank within 30 days of being placed on probation or acceptance of incoming	37%	N/A

IPS

Was DNA sample secured/verified within 30 days of being placed on probation or acceptance of incoming	0%	58%
If it is not the probationer's 1st felony offense or DNA was secured by another agency did the officer, verify DNA was in the DPS databank within 30 days of being placed on probation or acceptance of incoming	48%	N/A

VICTIMS' RIGHTS

	2019	2015
SPS		
Pre-sentence Contact	91%	50%
Notice of Changes Given	50%	0%
IPS		
Pre-sentence Contact	100%	100%
Notice of Changes Given	N/A	0%

OFFENDER ACCOUNTABILITY

	2019	2015
SPS Financials		
Court Notification if Restitution Two Months in Arrears	60%	29%
State Notified if Restitution Two Months in Arrears	N/A	0%
Victim Notification if Restitution Two Months in Arrears	N/A	N/A
Probation Supervision Fees (PSF) Current	N/A	N/A

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Officers Addressed Financial Delinquencies ¹ ¹ (includes PSF and restitution delinquencies)	44%	47%
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IPS Financials

Court Notified if Restitution Two Months in Arrears	N/A	N/A
State Notified if Restitution Two Months in Arrears	N/A	N/A
Victim Notified if Restitution Two Months in Arrears	N/A	N/A
Restitution Current	N/A	N/A
Probation Supervision Fees (PSF) Current	N/A	N/A
Collection of IPS Probationer Wages	N/A	N/A
Officers Addressed Financial Delinquencies ¹ (includes PSF and restitution delinquencies)	83%	53%

SPS CR Hours

Officers Addressed Delinquent Hours	0%	27%
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IPS CR Hours

Officers Addressed Delinquent Hours	90%	0%
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CASE MANAGEMENT

	2019	2015
SPS Cases		
Residence Verification within 30 days of Sentencing/Release from Custody	33%	44%
Employment Verification	40%	19%
OST Completed within 30 Days	75%	86%
FROST Completed per Code	45%	35%
Supervision Level Matches Assessment Scores	99%	81%
Initial Case Plan Completed within 60 Days	45%	64%
Case Plans Completed per Code	27%	15%
PO Strategies for the Probationer and PO	N/A	25%
Measurable Strategies for the Probationer and PO	N/A	17%
Completed Case Plan for Minimum Supervision Level if Necessary	100%	52%
OST/FROST Highest Criminogenic Need Addressed in Case Plan	N/A	92%
Case Plan Signatures	87%	74%
Low Risk Annual Review	67%	N/A
IPS Cases		
Photo in File	100%	95%
Verification of Employment within 10 Days	100%	67%
Unemployed & 6 days/week Job Search & CR	0%	88%
Verification of Residence within 10 Days	81%	81%
Collection of Weekly Schedules	81%	84%
Initial Assessment (OST) within 30 Days or at PSI	100%	75%
Reassessment (FROST) per Code	55%	62%
Initial Case Plan	70%	86%

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Case Plans per Code	57%	61%
Case Plan Signatures	76%	42%

Incoming ISC Cases

Were the Arizona Conditions Signed	100%	100%
Is VCAF on Arizona Terms & Conditions	67%	83%
DNA Collected Within 30 Days	0%	60%
OST Within 30 Days of Arrival or Acceptance	33%	83%
Initial Case Plan Within 60 days of Arrival or Acceptance	0%	33%
Annual Progress Reports Completed	N/A	100%
Sending State's Terms & Conditions in File	100%	100%
Interstate Tracking Screen Completed in APETS	100%	83%
ISC Status Accurate in APETS (Accepted, Closed, etc.)	100%	83%
If VCAF Collections Are Not Current, Has PO Addressed	0%	0%

Outgoing ISC Cases

ISC Status Accurate (Accepted, Closed, etc.)	97%	100%
Did probationer leave with valid reporting instructions	100%	100%
Did the PO respond to violation reports within 10 business days	33%	0%
Was DNA sample secured from the probationer and transmitted to DPS within 30 days of being placed on probation or acceptance of outgoing	10%	95%
If it is not the probationer's 1st felony offense or if DNA was previously secured by another agency did the officer verify DNA was in the DPS databank within 30 days of being placed on probation or acceptance of incoming	38%	N/A
Opted-in Victim Notification	0%	N/A

Closed Cases

Warrant Check Before Termination	53%	31%
DNA collected/verified	0%	50%
Court Ordered Treatment Completed	75%	100%
CR Hours Required by Statute Completed by Closure	43%	75%
Opted-In Victim Notified of Closure	0	N/A
If Restitution Owed at Closure, Extended for Restitution	N/A	N/A
Other Financial Terms Owed at Closure	N/A	76%
CRO Entered for Outstanding Financial Balances	96%	95%

TREATMENT SERVICES

	2019	2015
SPS Cases		
Treatment Referral within 60 Days	88%	23%
IPS Cases		
Treatment Referral within 30 Days	100%	73%

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Transferred Youth Cases

OST within 30 days	100%	N/A
FROST per code	100%	N/A

Initial case plan within 60 days of sentencing/release from custody/acceptance	100%	N/A
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Risk score agree with supervision level	100%	N/A
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Was treatment court ordered	100%	N/A
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Screened for Title 19 or 21 (AHCCCS)	33%	N/A
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SPS Drug Testing

Frequency Described in Case Plan	43%	N/A
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Drug Tested as Described in Case Plan	33%	N/A
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IPS Drug Testing

Frequency Described in Case Plan	100%	67%
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Drug Tested as Described in Case Plan	100%	100%
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DTEF Funded Cases

Ability to Pay Form Completed and in File	0%	N/A
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Drug treatment or education, referral made within 30 days IPS, 60 days SPS	81%	N/A
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